2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2022
Secretary of State
4999584855CC

DOCUMENT# P97000013480

Entity Name: COMPLETE LOCAL SPECIALTY CARE INC.

Current Principal Place of Business:

950 GLADES RD
SUITE 4A
BOCA RATON, FL 33431-6401

Current Mailing Address:

4855 W HILLSBORO BLVD
SUITE B-2
COCONUT CREEK, FL 33073-4356 US

FEI Number: 65-0732158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAY, CHANTAL
4855 W HILLSBORO BLVD
SUITE B-2
COCONUT CREEK, FL 33073-4356 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PS	Title	V
Name	BRAY, CHANTAL	Name	BOURQUE, LISE
Address	4855 W HILLSBORO BLVD SUITE B-2	Address	4855 W HILLSBORO BLVD SUITE B-2
City-State-Zip:	COCONUT CREEK FL 33073-4356	City-State-Zip:	COCONUT CREEK FL 33073-4356
Title	D	Title	CFO
Name	BOURQUE, JEAN CLAUDE	Name	BRAY, SOPHIE
Address	4855 W HILLSBORO BLVD SUITE B-2	Address	4855 W HILLSBORO BLVD SUITE B-2
City-State-Zip:	COCONUT CREEK FL 33073-4356	City-State-Zip:	COCONUT CREEK FL 33073-4356

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SOPHIE BRAY CFO 03/14/2022

Electronic Signature of Signing Officer/Director Detail — Date