

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013480

Entity Name: COMPLETE LOCAL SPECIALTY CARE INC.

Current Principal Place of Business:

2500 E. HALLANDALE BEACH BLVD.
SUITE 301
HALLANDALE, FL 33009

Current Mailing Address:

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

FEI Number: 65-0732158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAY, CHANTAL
4855 W. HILLSBORO BLVD SUIT
SUITE B-2
COCONUT CREEK, FL 33073 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
Name BRAY, CHANTAL
Address 4855 W. HILLSBORO BLVD SUIT
SUITE B-2
City-State-Zip: COCONUT CREEK FL 33073

Title D
Name BOURQUE, JEAN CLAUDE
Address 4855 W. HILLSBORO BLVD SUIT
SUITE B-2
City-State-Zip: COCONUT CREEK FL 33073

Title V
Name BOURQUE, LISE
Address 4855 W. HILLSBORO BLVD SUIT
SUITE B-2
City-State-Zip: COCONUT CREEK FL 33073

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: CHANTAL BRAY

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date