

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000005937

Entity Name: HANA CARE, INC.

Current Principal Place of Business:

1771 EDGEWOOD AVE WEST
SUITE 6B
JACKSONVILLE, FL 32208

Current Mailing Address:

PO BOX 33
MACCLENNY
JACKSONVILLE, FL 32063 US

FEI Number: 59-3560191

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NC ACCOUNTING
6110 POWERS AVE
SUITE 12
JACKSONVILLE, FL 32217 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: NADA CHEHAB

07/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STEVENS, NIESHA
Address PO BOX 33
 MACCLENNY
City-State-Zip: JACKSONVILLE FL 32063

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: NIESHA STEVENS

PRESIDENT

07/13/2021

Electronic Signature of Signing Officer/Director Detail

Date