

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S44287

**Entity Name:** PROFESSIONAL CARE I, INC.

**Current Principal Place of Business:**

10850 SW 113 PLACE  
MIAMI, FL 33176

**Current Mailing Address:**

10850 SW 113 PLACE  
MIAMI, FL 33176

**FEI Number:** 65-0340771

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROIZ, OSCAR L  
10850 SW 113 PLACE  
MIAMI, FL 33176 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	PD	Title	VP
Name	SHAHAM, JACOB	Name	SHAHAM, HELEN
Address	11355 SW 84 STREET	Address	11355 SW 84 STREET
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*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:** JACOB SHAHAM

**PRESIDENT**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date