

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003017

**Entity Name:** MONTY HEALTH CARE SERVICES INC

**Current Principal Place of Business:**

100 NE 6TH STREET UNIT #601  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

100 NE 6TH STREET UNIT #601  
BOYNTON BEACH, FL 33435

**FEI Number:** 81-2242958

**Certificate of Status Desired:** No

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

MONTANINO, MONA  
100 NE 6TH STREET UNIT #601  
BOYNTON BEACH, FL 33435 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 C  
Name MONTANINO, MONA  
Address 100 NE 6TH STREET UNIT #601  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** MONA MONTANINO

**PRESIDENT**

**03/07/2017**

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

\_\_\_\_\_  
Date