

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000005455

Entity Name: PORTER CARES, INC.

Current Principal Place of Business:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 87-3241923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 DP
Name CRISWELL, JOHN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title T
Name MANN, AMY
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title S
Name STOCKSDALE, MARK
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: MANN, AMY

CFO

05/14/2024

Electronic Signature of Signing Officer/Director Detail

Date