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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE-MARIE TORRES

L

Electronic Signature of Signing Officer/Director Detail

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: JEFFREY P. FREIMARK 02/16/2024

	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	CHAIRMAN	Title	PRESIDENT, TREASURER			
Name	FREIMARK, JEFFREY P	Name	GOLDSMITH, ALAN			
Address	5200 NE 2ND AVENUE	Address	5200 NE 2 AVENUE			
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137			
Title Name	SECRETARY TORRES, LESLIE MARIE					
Address	5200 NE 2 AVENUE					

## С

City-State-Zip: MIAMI FL 33137

FREIMARK, JEFFREY P 5200 NE 2ND AVENUE MIAMI, FL 33137 US

5200 NE 2ND AVENUE MIAMI, FL 33137

### **Current Mailing Address:**

5200 NE 2ND AVENUE MIAMI, FL 33137 US

### FEI Number: 65-1151478

### Name and Address of Current Registered Agent:

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0100007798

Entity Name: DOUGLAS GARDENS HOME CARE, INC.

### **Current Principal Place of Business:**

Feb 16, 2024 Secretary of State 9788456631CC

FILED

Certificate of Status Desired: Yes

02/16/2024

SECRETARY

Date