

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005683

**Entity Name:** CARELINK INTERNATIONAL, INC.

**Current Principal Place of Business:**

8153 SE CARLTON STREET  
HOBE SOUND, FL 33455

**Current Mailing Address:**

8153 SE CARLTON STREET  
HOBE SOUND, FL 33455 US

**FEI Number: 01-0724868**

**Certificate of Status Desired: No**

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

MAGGARD, RONALD B  
8153 SE CARLTON STREET  
HOBE SOUND, FL 33455 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            PRESIDENT  
Name            MAGGARD, RONALD B  
Address        8153 SE CARLTON STREET  
City-State-Zip: HOBE SOUND FL 33455

Title            D  
Name            MAGGARD, FRANCES P  
Address        8143 SE CARLTON STREET  
City-State-Zip: HOBE SOUND FL 33455

Title            D  
Name            DAVIS, JERRY  
Address        8153 SE CARLTON STREET  
City-State-Zip: HOBE SOUND FL 33455

Title            VP  
Name            MAGGARD, RANSOM BRUCE  
Address        8153 SE CARLTON STREET  
City-State-Zip: HOBE SOUND FL 33455

*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: MAGGARD, RONALD B**

**MANAGER**

**02/02/2023**

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

\_\_\_\_\_  
Date