

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010759

Entity Name: PHILOSCARE CORP.**Current Principal Place of Business:**633 GROVES END LN.
WINTER GARDEN, FL 34787**Current Mailing Address:**8815 CONROY-WINDERMERE RD. #366
ORLANDO, FL 32835 US**FEI Number:** 26-1449617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORALES, MARIANELLA
5909 FOLKSTONE AVE.
ORLANDO, FL 32822 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:** MARIANELLA MORALES

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MORALES, MARIANELLA
Address 5909 FOLKSTONE AVE.
City-State-Zip: ORLANDO FL 32822

Title VPD
Name KARPIUK, RONALD
Address 11500 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34786

Title TREASURER, SECRETARY
Name MARTINS, SIMEI
Address 633 GROVES END LN.
City-State-Zip: WINTER GARDEN FL 34787

Title VOCAL
Name OVIEDO, MIGUELINA GRACIELA
Address 11500 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34786

Title VOCAL
Name KARPIUK, LUCAS
Address 617 DARKWOOD AVE.
City-State-Zip: OCOEE FL 34761

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: MARTINS , SIMEI**TREASURER,
SECRETARY**

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date