

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010759

Entity Name: PHILOSCARE CORP.**Current Principal Place of Business:**666 CORTEZ CIRCLE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**666 CORTEZ CIRCLE
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 26-1449617**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARRIOS, HENRY A
666 CORTEZ CIRCLE
ALTAMONTE SPRINGS, FL 32714 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	PD
Name	BARRIOS, HENRY A.
Address	666 CORTEZ CIRCLE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VPD
Name	KARPIUK, RONALD
Address	6753 KINGSPONTE PKWY #108
City-State-Zip:	ORLANDO FL 32819

Title	SD
Name	MORONI, MARTA I
Address	666 CORTEZ CIRCLE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. TREASURER
Name	SANTOS, JEFFERSON KP
Address	1368 COUNTRYWIND DR.
City-State-Zip:	APOPKA FL 32703

Title	VOCAL
Name	OVIEDO, MIGUELINA GRACIELA
Address	9109 KILGORE RD.
City-State-Zip:	ORLANDO FL 32836

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: HENRY BARRIOS**PRESIDENTE****01/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date