## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001992

Entity Name: FLORIDA ALLIANCE OF HOME CARE SERVICES INC.

**FILED** Mar 15, 2021 **Secretary of State** 3345797853CC

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

201 BARCLADINE COURT CARY. NC 27511

## **Current Mailing Address:**

P.O. BOX 4411

CARY, NC 27519-4411 US

FEI Number: 35-2363432 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TAYCAR, INC. 9309 OLD KINGS RD. **SOUTH SUITE 4** JACKSONVILLE, FL 32257 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: BETH BOWEN 03/15/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

PAST PRES Title Title **TREASURER** 

SEGO, GENE Name Name TOSCANO, SYLVIA

Address 1225 GARDEN ST. Address 6400 PARK OF COMMERCE BLVD

City-State-Zip: TITUSVILLE FL 32796

City-State-Zip: BOCA RATON FL 33487

Title **PRESIDENT** 

City-State-Zip:

Title

Title PRESIDENT ELECT Name CHRIS, TOWNSEND

Name CHUNG, JAMES Address 145 CYPRESS POINT PKWY

9309 OLD KINGS RD. Address

**SOUTH SUITE 4** DAYTONA BEACH FL 32164

JACKSONVILLE FL 32257 City-State-Zip: CEO

Name TAYCAR, INC.

P.O. BOX 4407 Address

City-State-Zip: CARY NC 27519-4407

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: ELIZABETH BOWEN

**EXECUTIVE DIRECTOR** 

03/15/2021