

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005994

Entity Name: THERACARE COMMUNITY CENTER, INC.**Current Principal Place of Business:**7481 W OAKLAND PARK BLVD.
SUITE 302 C
TAMARAC, FL 33319**Current Mailing Address:**5010 SW 19TH STREET
WEST PARK, FL 33023**FEI Number:** 45-2601868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEARS, BRENDA
5010 SW 19TH STREET
WEST PARK, FL 33023 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:** BRENDA SEARS

05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SEARS, BRENDA L
Address 7481 W OAKLAND PARK BLVD.
 SUITE 302 C
City-State-Zip: TAMARAC FL 33319

Title TREASURER
Name JEAN-LOUIS-EL, FREDERICA
Address 7481 W OAKLAND PARK BLVD.
 SUITE 302 C
City-State-Zip: TAMARAC FL 33319

Title SECRETARY
Name LAURENT, MICHELLE A
Address 7481 W OAKLAND PARK BLVD.
 SUITE 302 C
City-State-Zip: TAMARAC FL 33319

Title VP
Name HOWARD, WALTER
Address 7481 W OAKLAND PARK BLVD.
 SUITE 302 C
City-State-Zip: TAMARAC FL 33319

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: WALTER HOWARD

VP

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date