

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011397

Entity Name: FIRST CARE PROVIDER, INC.

Current Principal Place of Business:

3507 SW 112 CT.
MIAMI, FL 33615

Current Mailing Address:

3334 E. COAST HWY
#338
CORONA DEL MAR, CA 92625 US

FEI Number: 47-3604160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAXWELL L MINCH ESQ. PA
11925 SW 1ST LANE
GAINESVILLE, FL 32607 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: MAXWELL MINCH

04/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------------|-----------------|-----------------|
| Title | PRESIDENT | Title | DIRECTOR |
| Name | BOBKO, JOSHUA | Name | TORRES, MARCO |
| Address | 3334 E. COAST HWY #338 | Address | 3507 SW 112 CT. |
| City-State-Zip: | CORONA DEL MAR CA 92625 | City-State-Zip: | MIAMI FL 33615 |

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: JOSHUA BOBKO

PRESIDENT

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date