

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007162

**Entity Name:** BLISS CARES INC**Current Principal Place of Business:**2901 CURRY FORD RD  
STE. 106  
ORLANDO, FL 32806**Current Mailing Address:**2901 CURRY FORD RD  
STE. 106  
ORLANDO, FL 32806 US**FEI Number:** 47-4565338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, ROBERTO M.D.  
2901 CURRY FORD ROAD  
SUITE 106  
ORLANDO, FL 32806 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	PRESIDENT, DIRECTOR
Name	ORTIZ, ROBERTO
Address	2901 CURRY FORD RD SUITE 106
City-State-Zip:	ORLANDO FL 32806

Title	TREASURER, DIRECTOR
Name	HATCH, KARI-LYN
Address	2901 CURRY FORD RD STE. 106
City-State-Zip:	ORLANDO FL 32806

Title	SECRETARY, DIRECTOR
Name	DEMPSEY, MATTHEW
Address	2901 CURRY FORD RD STE. 106
City-State-Zip:	ORLANDO FL 32806

Title	VP, DIRECTOR
Name	CONCEPCION, MARK ANTHONY
Address	2901 CURRY FORD RD SUITE 106
City-State-Zip:	ORLANDO FL 32806

*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:** KARI-LYN HATCH**TREASURER****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date