

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

DOCUMENT# N18000011143

**Entity Name:** PCB CARE, INC.

**Current Principal Place of Business:**

17007 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

17007 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:** 83-2280397

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MYERS, AMY E  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 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 P  
Name PHILPUT, LORI  
Address 17007 PANAMA CITY BEACH  
PARKWAY  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR  
Name TILLEY, CHRIS  
Address 17007 PANAMA CITY BEACH  
PARKWAY  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR  
Name MCKISSACK, NYCOLE  
Address 17007 PANAMA CITY BEACH  
PARKWAY  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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:** LORI PHILPUT

**TITLE** DIRECTOR

**02/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date