

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003506

**Entity Name:** EPHPHATHA CARE INC

**Current Principal Place of Business:**

1350 MIDDLEFORD RD  
501  
SEAFORD, DE 19973

**Current Mailing Address:**

1350 MIDDLEFORD RD  
501  
SEAFORD, DE 19973 US

**FEI Number:** 86-3763354

**Certificate of Status Desired:** No

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

PIERRE, LEMUEL  
10842 BLUE PALM ST  
PLANTATION, FL 33324 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:** LEMUEL PIERRE

07/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DORIVAL, EMANIE  
Address 3706 LAMBERTON SQUARE, APT 1531  
City-State-Zip: SILVER SPRING MD 20904

Title VP  
Name CALIXTE, CYNTHIA  
Address 1309 FREDERICK AVE  
City-State-Zip: SALISBURY MD 21801

Title S  
Name SIMON, ROSE  
Address 631 PLUM RUN CT  
City-State-Zip: BEAR DE 19701

Title T  
Name MONDELUS, LUNIE  
Address 2161 WHITE DAHLIA DR  
City-State-Zip: APOPKA FL 32712

Title D  
Name PIERRE, LEMUEL  
Address 10842 BLUE PALM ST  
City-State-Zip: PLANTATION FL 33324

Title A  
Name DORIVAL, JOSEPH  
Address 1350 MIDDLEFORD RD #501  
City-State-Zip: SEAFORD DE 19973

*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:** LEMUEL PIERRE

**DIRECTOR**

07/15/2022

Electronic Signature of Signing Officer/Director Detail

Date