2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000006170

Entity Name: FLORIDA CARE TEAM, INC.

Current Principal Place of Business:

239 LEMON RD NW LAKE PLACID. FL 33852

Current Mailing Address:

204 S MAIN AVE PMB 105

LAKE PLACID, FL 33852 US

FEI Number: 93-1469288 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDERS, JAMES E III 239 LEMON RD NW LAKE PLACID, FL 33852 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

Title

Officer/Director Detail:

Title SERGEANT-AT-ARMS, DIRECTOR

Name EPLEY, DANIEL

Address 196 LAKE DRIVE BLVD

City-State-Zip: SEBRING FL 33875

Title PRESIDENT, CHAIRMAN, CEO,

DIRECTOR

Name LANDERS, JAMES E III Address 239 LEMON RD NW

City-State-Zip: LAKE PLACID 33852

Title DIRECTOR

Name SCHMIDT, CHRISTOPHER

Address 2517 SUNRISE DR

City-State-Zip: SEBRING FL 33872

Title TREASURER

Name RETTERER, CATHERINE Address 204 S MAIN AVE PMB 105

City-State-Zip: LAKE PLACID FL 33852

Date

FILED Apr 01, 2025

Secretary of State

7891136768CC

Name DUBARRY, LUKE

Address 35 WALKER LN

City-State-Zip: LAKE PLACID FL 33852

VP, COO, DIRECTOR

Title DIRECTOR

Name LANDERS, ALISHA M Address 239 LEMON RD NW

City-State-Zip: LAKE PLACID 33852

Title SECRETARY, DIRECTOR

Name HALLER, STEPHANIE

Address 204 S MAIN AVE PMB 105

City-State-Zip: LAKE PLACID FL 33852

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: JAMES EDWARD LANDERS, III

PRESIDENT

04/01/2025