

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004301

Entity Name: CARE 4 AMERICA INC.

Current Principal Place of Business:

20494 NW 27 ST
MORRISTON, FL 32668

Current Mailing Address:

20494 NW 27 ST
MORRISTON, FL 32668 US

FEI Number: 65-0955434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARROLL, JUANA
20494 NW 27 ST
MORRISTON, FL 32668 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, CFO
Name CARROLL, JUANA
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

Title COO
Name DIMURO, EMANUEL DANIEL
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

Title EXECUTIVE SECRETARY
Name DIMURO, DANIELA
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

Title SENOR PASTOR
Name ORTIZ-QUILLES, BETSY MRS
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

Title VP CLINICAL SUPERVISION
Name RHODES, JOY MRS
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

Title VP
Name CHILDERS-DAVIES, NATASHA MRS
Address 20494 NW 27 ST
City-State-Zip: MORRISTON FL 32668

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: JUANA MARIA CARROLL

REGISTER AGENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date