

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22495

**Entity Name:** CARE HEALTH SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**2290 10TH AVE N  
#304  
LAKE WORTH, FL 33461**Current Mailing Address:**2290 10TH AVE N  
# 304  
LAKE WORTH, FL 33461 US**FEI Number:** 59-2081894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, MARTIN L  
2290 10TH AVE N  
#304  
LAKE WORTH, FL 33461 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:** MARTIN MURPHY

03/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR, TREASURER, SECRETARY
Name	MURPHY, MARTIN
Address	2290 10TH AVE N #304
City-State-Zip:	LAKE WORTH FL 33461

Title	O, DIRECTOR
Name	MCELROY, WENDY
Address	2290 10TH AVE N #304
City-State-Zip:	LAKE WORTH FL 33461

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTIN MURPHY

PRESIDENT

03/22/2023

Electronic Signature of Signing Officer/Director Detail

Date