

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J29527

**Entity Name:** MS HOME CARE CORPORATION

**Current Principal Place of Business:**

18441 NW 2ND AVE  
SUITE 216A  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

18441 NW 2ND AVE  
SUITE 216A  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 59-2732515

**Certificate of Status Desired:** No

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

ELKINS, SHIRLENE M  
18441 NW 2ND AVE  
SUITE 216A  
MIAMI GARDENS, FL 33169 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:** SHIRLENE M ELKINS

02/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name ELKINS, SHIRLENE  
Address 18441 NW 2ND AVE  
SUITE 216A  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** SHIRLENE ELKINS

SECRETARY

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date