

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043865

**Entity Name:** ROSAIRE'S QUALITY CARE INC.

**Current Principal Place of Business:**

540 NW 165TH STREET ROAD  
SUITE 305-A  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

128 NE 184TH TERRACE  
MIAMI GARDENS, FL 33179

**FEI Number:** 68-0499623

**Certificate of Status Desired:** No

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

OLIVIER, ROSAIRE C  
128 NE 184TH TERRACE  
MIAMI GARDENS, FL 33179 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  
Name OLIVIER, ROSAIRE C  
Address 128 NE 184TH TERRACE  
City-State-Zip: MIAMI GARDENS FL 33179

*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:** ROSAIRE OLIVIER

04/03/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date