

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118448

Entity Name: TAX CARE,INC.

Current Principal Place of Business:

417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 22-3881352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, DANIEL
417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 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: DANIEL ALVAREZ

04/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name HERRERA OCHOA, VERONICA
Address 604 STARKE LAKE CIR
City-State-Zip: OCOEE FL 34761

Title PD
Name ALVAREZ, MOISES
Address 177 FRANCES CIR
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: ALVAREZ , MOISES

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date