

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000068456

**Entity Name:** FIRST CARE HOME SERVICES, INC.

**Current Principal Place of Business:**

2040 NE 163RD ST SUITE 303  
N MIAMI BEACH, FL 33162

**Current Mailing Address:**

PO BOX 640342  
MIAMI, FL 33164

**FEI Number:** 57-1173645

**Certificate of Status Desired:** No

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

MCLEAN, LISIA  
2040 NE 163RD ST SUITE 303  
N MIAMI BEACH, FL 33162 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              | Title           | T/S            |
| Name            | MCLEAN, LISIA  | Name            | MCLEAN, DIANA  |
| Address         | P.O BOX 640342 | Address         | P.O BOX 640342 |
| City-State-Zip: | MIAMI FL 33164 | City-State-Zip: | MIAMI FL 33164 |

*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:** LISIA MCLEAN

**DIRECTOR**

**03/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date