

2018 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 US

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
Name MCLEAN, LISIA
Address P.O BOX 640342
City-State-Zip: MIAMI FL 33164

Title S,T
Name MCLEAN, DIANA
Address P.O BOX 640342
City-State-Zip: MIAMI FL 33164

Title CFO
Name MCLEAN, CLAUDIA
Address PO BOX 640342
City-State-Zip: MIAMI FL 33164

Title D
Name MCLEAN, KERRYANN
Address PO BOX 640342
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: CLAUDIA MCLEAN

CFO

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date