## **2021 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

FILED Jan 21, 2021

**Secretary of State** 

0610492707CC

Officer/Director Detail:

Title P Title S,T

 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

Title CFO

Name MCLEAN, CLAUDIA
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

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

01/21/2021

Date