

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131267

Entity Name: CARE PLUS HOME HEALTH AGENCY INC.**Current Principal Place of Business:**160 NW 176 STREET - STE. 411
MIAMI GARDENS, FL 33169**Current Mailing Address:**160 NW 176 STREET - STE. 411
MIAMI GARDENS, FL 33169 US**FEI Number:** 59-3829080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORIN, MARIE M
9010 SUNRISE LAKES BLVD
APT 211
SUNRISE, FL 33322 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	CEO
Name	MORIN, MARIE M
Address	9010 SUNRISE LAKES BLVD APT 211
City-State-Zip:	SUNRISE FL 33322

Title	DS
Name	MORIN, WILFRID
Address	9010 SUNRISE LAKES BLVD APT 211
City-State-Zip:	SUNRISE FL 33322

Title	CFO
Name	MORIN, EMMANUEL
Address	6116 NW 20TH COURT
City-State-Zip:	MARGATE FL 33063

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: EMMANUEL MORIN

CFO

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date