

**2019 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  
14855 SW 39 CT  
MIRAMAR, FL 33027 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 D  
Name MORIN, MARIE M  
Address 14855 SW 39 CT  
City-State-Zip: MIRAMAR FL 33027

Title DS  
Name MORIN, WILFRID  
Address 14855 SW 39 CT  
City-State-Zip: MIRAMAR FL 33027

*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:** MARIE M MORIN

CEO

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date