2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2019
Secretary of State
7074925910CC

DOCUMENT# P06000037162

Entity Name: CARE FACILITY INC

Current Principal Place of Business:

1730 NW 32 AVE
MIAMI, FL 33125

Current Mailing Address:

1730 NW 32 AVE
MIAMI, FL 33125

FEI Number: 04-3850361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMAS, MAYELIN
1730 NW 32 AVE
MIAMI, FL 33125 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: MAYELIN ARMAS 02/06/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	SECRETARY
Name	ARMAS, MAYELIN A	Name	DE LEON, ARIEL
Address	1730 NW 32 AVE	Address	1730 NW 32 AVE
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125

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: MAYELIN ARMAS DIRECTOR 02/06/2019

Electronic Signature of Signing Officer/Director Detail — Date