# above, or on an attachment with all other like empowered.

SIGNATURE: MERCEDES DOMINGUEZ

Electronic Signature of Signing Officer/Director Detail

14850 SW 26 ST

## Name and Address of Current Registered Agent:

DOMINGUEZ, MERCEDES 14850 SW 26 ST STE 205 MIAMI, FL 33185 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.

		, , , , , , , , , , , , , , , , , , , ,	0 0	0	0, ,	
	SIGNATURE	MERCEDES DOMINGUEZ				04/27/2018
		Electronic Signature of Registered Agent				Date
Officer/Director Detail :						
	Title	VP		Title	PD	
	Name	DOMINGUEZ, MERCEDES		Name	DOMINGUEZ, MERCEDES	
	Address	14850 SW 26 ST. STE 205		Address	14850 SW 26 ST. STE 205	
	City-State-Zip:	MIAMI FL 33185		City-State-Zip:	MIAMI FL 33185	

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

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053392

Entity Name: ML HOME CARE.INC

## **Current Principal Place of Business:**

14850SW 26 ST SUITE 205 MIAMI, FL 33185

### **Current Mailing Address:**

SUITE 205 MIAMI, FL 33185 US

### FEI Number: 74-3179197

FILED Apr 27, 2018 Secretary of State CC9864627339

Certificate of Status Desired: No

PRESIDENT