

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000121297

**Entity Name:** COMPASSIONATE ADULT CARE, INC.

**Current Principal Place of Business:**

5415 HARDEE ST  
NAPLES, FL 34113

**Current Mailing Address:**

5415 HARDEE ST  
NAPLES, FL 34113

**FEI Number: 20-5589043**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JOSEPH K. NOFIL,P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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            PRES  
Name            DORSAINT, PIERRE A  
Address        5415 HARDEE ST  
City-State-Zip: NAPLES FL 34113

Title            VP  
Name            BIEN AIME, BRADLEY  
Address        14910 MYSTIC LAKE CIRCLE APT  
                  13102  
City-State-Zip: NAPLES FL 34119

*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: PIERRE A DORSAINT**

**PRESIDENT**

**04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date