

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100117

Entity Name: HEAVENSENT HOME HEALTHCARE INC.

Current Principal Place of Business:

7431 W. ATLANTIC AVE. #32
DELRAY BEACH, FL 33446

Current Mailing Address:

7431 W. ATLANTIC AVE. #32
DELRAY BEACH, FL 33446 US

FEI Number: 26-0859918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, PAMELA DLPN
7431 W. ATLANTIC AVE. #32
DELRAY BEACH, FL 33446 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 P
Name SMITH, PAMELA DLPN
Address 7431 W. ATLANTIC AVE. #32
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name SMITH, REGINALD LJR.
Address 7431 W. ATLANTIC AVE. #32
City-State-Zip: DELRAY BEACH FL 33446

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: REGINALD SMITH

VP

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date