

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000886

Entity Name: AM LOVING CARE INC.

Current Principal Place of Business:

113 PORTER PLACE
WEST PALM BEACH, FL 33409

Current Mailing Address:

113 PORTER PLACE
WEST PALM BEACH, FL 33409

FEI Number: 26-0747142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NECENCE, AMIDE P
113 PORTER PLACE
WEST PALM BEACH, FL 33409 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 PD
Name NECENCE, AMIDE P
Address 113 PORTER PLACE
City-State-Zip: WEST PALM BEACH FL 33409

Title VD
Name NONSANT, MARIE L
Address 113 PORTER PLACE
City-State-Zip: WEST PALM BEACH FL 33409

Title S
Name NECENCE, MARC
Address 113 PORTER PLACE
City-State-Zip: WEST PALM BEACH FL 33409

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: AMIDE NECENCE

PD

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date