

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000027533

**Entity Name:** ARDENT HOME CARE, INC.

**Current Principal Place of Business:**

123 NW 13TH STREET  
SUITE 304-14  
BOCA RATON, FL 33432

**Current Mailing Address:**

123 NW 13TH STREET  
SUITE 304-14  
BOCA RATON, FL 33432 US

**FEI Number:** 26-4537606

**Certificate of Status Desired:** No

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

SARMAITYTE, RENATA  
123 NW 13TH STREET  
SUITE 304-14  
BOCA RATON, FL 33432 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:** RENATA SARMAITYTE

10/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name VERKHOGLAZ, ELLA  
Address 1601 SOUTH OCEAN DRIVE, SUITE  
706  
City-State-Zip: HOLLYWOOD FL 33019

Title PRESIDENT  
Name SARMAITYTE, RENATA  
Address 123 NW 13TH STREET  
SUITE 304-14  
City-State-Zip: BOCA RATON FL 33432

Title S  
Name JOSEPH, ARBIT  
Address 1601 SOUTH OCEAN DRIVE, SUITE  
306  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name GALKIN, MAXIM  
Address 449 LAKE POINT SOUTH LN  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** RENATA SARMAITYTE

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10/19/2022

Electronic Signature of Signing Officer/Director Detail

Date