

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040645

Entity Name: TRUE CARE MEDICAL & WELLNESS CENTER INC

Current Principal Place of Business:

52 EAST 5 STREET
HIALEAH, FL 33010

Current Mailing Address:

52 EAST 5 STREET
HIALEAH, FL 33010 US

FEI Number: 27-0148020

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLUMBIE, ARSENIO
52 EAST 5 STREET
HIALEAH, FL 33010 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: ARSENIO COLUMBIE

04/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name COLUMBIE, ARSENIO
Address 52 EAST 5 STREET
City-State-Zip: HIALEAH FL 33010

Title VP
Name LOSADA HERNANDEZ, DARLENE
Address 52 EAST 5 STREET
City-State-Zip: HIALEAH FL 33010

Title VP, SECRETARY, CFO
Name BARRIAL, NORMA
Address 52 EAST 5TH STREET
City-State-Zip: HIALEAH FL 33010

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: NORMA BARRIAL

CFO

04/09/2025

Electronic Signature of Signing Officer/Director Detail

Date