2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2018
Secretary of State
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Entity Name: COMPLETE CARE SYSTEMS INC.

Current Principal Place of Business:

1427 GALLBERRY CT.
TRINITY, FL 34655

Current Mailing Address:

1427 GALLBERRY CT.
TRINITY, FL 34655 US

FEI Number: 27-3133909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STALTARE, JOSEPH
1427 GALLBERRY CT.
TRINITY, FL 34655 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, D	Title	S
Name	STALTARE, JOSEPH	Name	STALTARE, JOSEPH
Address	1427 GALLBERRY CT.	Address	1427 GALLBERRY CT.
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655

Title	T
Name	STALTARE, PATRICIA
Address	1427 GALLBERRY CT.
City-State-Zip:	TRINITY FL 34655

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: JOSEPH STALTARE PRESIDENT 02/27/2018

Electronic Signature of Signing Officer/Director Detail — Date