2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2024
Secretary of State
4687545441CC

DOCUMENT# P10000060506

Entity Name: COMPLETE CARE SYSTEMS INC.

Current Principal Place of Business:

9908 MIDDLECOFF DR.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

9908 MIDDLECOFF DR.
NEW PORT RICHEY, FL 34655 US

FEI Number: 27-3133909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STALTARE, JOSEPH
9908 MIDDLECOFF DR.
NEW PORT RICHEY, 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	9908 MIDDLECOFF DR.	Address	9908 MIDDLECOFF DR.
City-State-Zip:	NEW PORT RICHEY FL 34655	City-State-Zip:	NEW PORT RICHEY FL 34655

Title	T
Name	STALTARE, PATRICIA
Address	9908 MIDDLECOFF DR.
City-State-Zip:	NEW PORT RICHEY 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: PATRICIA STALTARE TREASURER 04/15/2024

Electronic Signature of Signing Officer/Director Detail — Date