## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000026084

**Entity Name: PROVIDENT CARE INC** 

**Current Principal Place of Business:** 

4201 WESTGATE AVENUE

B4

WEST PALM BEACH, FL 33409

**Current Mailing Address:** 

307 MULBERRY GROVE RD

ROYAL PALM BEACH, FL 33411 US

FEI Number: 45-5287150 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN, MARTINE 4201 WESTGATE AVENUE B4

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: MARTINE JEAN 02/06/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIR Title VP

Name JEAN, MARTINE DIR Name LEROY, VANYA

Address 4201 WESTGATE AVENUE Address 4201 WESTGATE AVENUE

City-State-Zip: WEST PALM BEACH FL 33409 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: MARTINE JEAN DIRECTOR 02/06/2014

FILED Feb 06, 2014

**Secretary of State** 

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