

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000000884

**FILED
Jun 10, 2015
Secretary of State
CC2664784636**

Entity Name: TRUE COMPANIONS INC. HOME CARE PROVIDERS

Current Principal Place of Business:

1225 W BEAVER ST
JACKSONVILLE, FL 32204

Current Mailing Address:

6075 ROSWELL RD SUITE 630
ATLANTA, GA 30328

FEI Number: 90-0930081

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCRAY, MORRIS
1225 W BEAVER ST
JACKSONVILLE, FL 32204 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 ACEO
Name MCCRAY, MORRIS D
Address 72 CLAY CT
City-State-Zip: HIRAM GA 30141-4413

Title P
Name MCCRAY, TYREKE A
Address 2700 ROBIN WAY
City-State-Zip: MARIETTA GA 30064

Title S
Name MCCRAY, NORRIS
Address 72 CLAY CT
City-State-Zip: HIRAM GA 30141-4413

Title D
Name MOTE, IVAN
Address 11010 YELLOW JACKET DR
City-State-Zip: CALLAHAN FL 32011

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: MORRIS D. MCCRAY

**OWNER /
ADMINISTRATOR**

06/10/2015

Electronic Signature of Signing Officer/Director Detail

Date