

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000093176

Entity Name: THERACARE HEALTH SERVICES INC

Current Principal Place of Business:

10730 NW 66 STREET
APT #105
DORAL, FL 33178

Current Mailing Address:

10730 NW 66 STREET
APT #105
DORAL, FL 33178

FEI Number: 46-1118920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTANA, MARIA G
10730 NW 66 STREET
APT #105
DORAL, FL 33178 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
Name QUINTANA, MARIA G
Address 10730 NW 66 STREET
City-State-Zip: DORAL FL 33178

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: MARIA G QUINTANA

PRESIDENT

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date