

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000004807

Entity Name: CROWN HOME HEALTH CARE, INC

Current Principal Place of Business:

3900 LAKE CENTER DR
SUITE A4
MT. DORA, FL 32757

Current Mailing Address:

3900 LAKE CENTER DR
SUITE A4
MT. DORA, FL 32757 US

FEI Number: 46-4569716

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KAY HOLDING D3 LLC
3900 LAKE CENTER DR
SUITE A4
MT. DORA, FL 32757 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: PATRICIA HEUBERGER

06/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	DOWNS, MICHAEL	Name	HEUBERGER, PATTY
Address	3900 LAKE CENTER DR SUITE A4	Address	3900 LAKE CENTER DR SUITE A4
City-State-Zip:	MT. DORA FL 32757	City-State-Zip:	MT. DORA FL 32757
Title	S	Title	T
Name	LARSON, DAVID T	Name	HEUBERGER, PATTY
Address	3900 LAKE CENTER DR SUITE A4	Address	3900 LAKE CENTER DR SUITE A4
City-State-Zip:	MT. DORA FL 32757	City-State-Zip:	MT. DORA FL 32757

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: PATTY HEUBERGER

TREASURER

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date