

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P14000029143

Entity Name: INFINITY HOME HEALTH CARE OF FLORIDA, INC.**Current Principal Place of Business:**4348 SOUTHPOINT BOULEVARD
SUITE 311
JACKSONVILLE, FL 32216**Current Mailing Address:**4348 SOUTHPOINT BOULEVARD
SUITE 311
JACKSONVILLE, FL 32216 US**FEI Number:** 46-5609138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALE, DONNA M.
3700 COMMERCE PARKWAY
MIRAMAR, FL 33025 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:** DONNA M. GALE

08/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COO, DIRECTOR
Name	MENDEZ, LINDA
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025
Title	DCEO
Name	BRADBURY, CHRISTOPHER J.
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	VP, DIRECTOR
Name	JOBLOVE, KAREN
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025
Title	DCFO
Name	KLINK, DONALD K.
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

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: LINDA MENDEZ

COO

08/22/2023

Electronic Signature of Signing Officer/Director Detail

Date