

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000046497

Entity Name: ANGELY TOTAL CARE CORPORATION

Current Principal Place of Business:

546 SW 6 AVE
FLORIDA CITY, FL 33034

Current Mailing Address:

546 SW 6 AVE
FLORIDA CITY, FL 33034 US

FEI Number: 46-5736289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, MARIA
546 SW 6 AVE
FLORIDA CITY, FL 33034 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 PD
Name GONZALEZ, MARIA
Address 546 SW 6 AVE
City-State-Zip: FLORIDA CITY FL 33034

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 GONZALEZ

PRESIDENT

04/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date