

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000072243

Entity Name: HEAVENLY CARE OF FLORIDA INC

Current Principal Place of Business:

18200 NW 19 AVENUE
MIAMI, FL 33056

Current Mailing Address:

18820 NW 8 AVENUE
MIAMI, FL 33169

FEI Number: 47-2148296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, ARNETRIA
18820 NW 8 AVENUE
MIAMI, FL 33169 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 DIRECTOR
Name LEE, ARNETRIA
Address 18200 NW 19 AVENUE
City-State-Zip: MIAMI FL 33056

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: ARNETRIA LEE

DIRECTOR

04/05/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date