

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000098558

**Entity Name:** BARROS EMERGENCY CARE, INC.

**Current Principal Place of Business:**

1501 SOUTH OCEAN DRIVE  
APT. 402  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1501 SOUTH OCEAN DRIVE  
APT. 402  
HOLLYWOOD, FL 33019 US

**FEI Number:** 81-0798022

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARROS, RANDY  
1501 SOUTH OCEAN DRIVE  
APT. 402  
HOLLYWOOD, FL 33019 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 BARROS, RANDY  
Address 1501 SOUTH OCEAN DRIVE, APT. 402  
City-State-Zip: HOLLYWOOD FL 33019

*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:** RANDY BARROS

**PRESIDENT**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date