#### 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: IVONNE LOPEZ

#### Electronic Signature of Signing Officer/Director Detail

Ρ

# Name and Address of Current Registered Agent:

LOPEZ, IVONNE 13850 SW 30TH ST MIAMI, FL 33175 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

### **Officer/Director Detail :**

Title Р LOPEZ, IVONNE Name 13850 SW 30TH ST Address City-State-Zip: MIAMI FL 33175

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P16000012187

Entity Name: JEAN MICHAEL HEALTH CARE SERVICES, INC.

# **Current Principal Place of Business:**

10585 S.W. 109TH COURT **STE 209** MIAMI, FL 33176

# **Current Mailing Address:**

10585 S.W. 109TH COURT **STE 209** MIAMI, FL 33176 UN

# FEI Number: 81-1896397

Certificate of Status Desired: Yes

01/11/2024

Secretary of State 3987616391CC

Date

FILED Jan 11, 2024