

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000029989

**Entity Name:** PROVIDER CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

4890 FRATTINA ST.  
AVE MARIA , FL 34142

**Current Mailing Address:**

4890 FRATTINA ST.  
AVE MARIA , FL 34142 US

**FEI Number:** 81-2152165

**Certificate of Status Desired:** No

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

LANG, CANDICE  
4890 FRATTINA ST.  
AVE MARIA , FL 34142 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:** CANDICE LANG

04/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LANG, CANDICE  
Address        4890 FRATTINA ST.  
City-State-Zip: AVE MARIA FL 34142

Title            OFFICER  
Name            SMITH, MARCUS LEE  
Address        4890 FRATTINA ST.  
City-State-Zip: AVE MARIA FL 34142

*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:** CANDICE LANG

PRESIDENT

04/10/2022

Electronic Signature of Signing Officer/Director Detail

Date