

2020 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: Yes

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

06/09/2020

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

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date