

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000023409

**Entity Name:** ABISHAI HOME HEALTH CARE INC

**Current Principal Place of Business:**

13683 LEGACY LANE  
NAPLES, FL 34114

**Current Mailing Address:**

13683 LEGACY LANE  
NAPLES, FL 34114 UN

**FEI Number:** 82-0991960

**Certificate of Status Desired:** No

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

JOSEPH, CARLINE  
13683 LEGACY LANE  
NAPLES, FL 34114 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 JOSEPH, CARLINE  
Address 13683 LEGACY LANE  
City-State-Zip: NAPLES FL 34114

*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:** CARLINE JOSEPH

**PRESIDENT**

**04/30/2025**

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

\_\_\_\_\_  
Date