

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000083297

Entity Name: GOLDEN HOME CARE NURSING SERVICES, INC.

Current Principal Place of Business:

6041 KIMBERLY BLVD. SUITE D
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

880 S.W. 49TH CIR.
MARGATE, FL 33068-3143 US

FEI Number: 82-3257334

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, FRANTZY
880 S.W. 49TH CIR.
MARGATE, FL 33068-3143 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 PD
Name THOMAS, FRANTZY
Address 880 S.W. 49TH CIR.
City-State-Zip: MARGATE FL 33068-3143

Title VP
Name THOMAS, KETTLY
Address 880 SW 49 CIRCLE
City-State-Zip: MARGATE FL FL 33068

Title SECRETARY
Name ODEAN, ALTAGRACE M
Address 156 REIGLE AVE
City-State-Zip: DELRAY BEACH FL 33444

Title T
Name CADET, LINA
Address 862 SE 2ND PLACE
City-State-Zip: DEERFIELD BEACH FL 33441

Title BOARD MEMBER
Name CHERISOL, OREZIA PASCAL
Address 7606 NW 73 AVE
City-State-Zip: TAMARAC FL 33321

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: FRANTZY THOMAS

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date