

**2021 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	SECRETARY
Name	THOMAS, KETTLY GUERRIER
Address	880 SW 49 CIRCLE
City-State-Zip:	MARGATE FL 33068

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

Title	T
Name	TOUSSAINT, YVETTE
Address	2040 BARCELONA TERRACE
City-State-Zip:	MARGATE FL 33063

*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****PD****05/25/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date