

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000022527

**Entity Name:** PROFESSIONAL SERVICES CARE, INC.

**Current Principal Place of Business:**

26000 SW 144TH AVENUE ROAD  
200  
HOMESTEAD, FL 33032

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**7833795104CC**

**Current Mailing Address:**

26000 SW 144TH AVENUE ROAD  
200  
HOMESTEAD, FL 33032 US

**FEI Number: 83-4077908**

**Certificate of Status Desired: No**

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

VILAOMAT, NINA MRS  
9461 DANA RD  
CUTLER BAY, FL 33157 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 HERNANDEZ, JACQUELINE MRS  
Address 26000 SW 144TH AVENUE  
200  
City-State-Zip: HOMESTEAD FL 33032

Title S  
Name HERNANDEZ, JACQUELINE MRS  
Address 26000 SW 144TH AVENUE ROAD  
200  
City-State-Zip: HOMESTEAD FL 33032

Title T  
Name HERNANDEZ, JACQUELINE MRS  
Address 26000 SW 144TH AVENUE ROAD  
200  
City-State-Zip: HOMESTEAD FL 33032

*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: JACQUELINE HERNANDEZ**

**PRESIDENT**

**04/27/2020**

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

\_\_\_\_\_  
Date