

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000032840

Entity Name: MOBILE LICE CLINIC EXTERMINATOR CORP

Current Principal Place of Business:

9890 SW 28TH ST
MIAMI, FL 33165

Current Mailing Address:

9760 SW 37TH TERRACE
MIAMI, FL 33165 US

FEI Number: 83-4473642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHOLE TAX PROFESSIONAL SERVICES INC
1800 SW 1ST ST
202
MIAMI, FL 33135 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	Title	VP
Name	ROSELLO, DEVORAH	Name	ROSELLO, FERNANDO
Address	9890 SW 28TH ST	Address	9760 SW 37TH TERRACE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: DEVORAH ROSELLO

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date