

**2022 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P20000047125

**FILED  
Nov 11, 2022  
Secretary of State  
4529696933CR**

**Entity Name:** ANGELIC COMPANION CARE CORP.

**Current Principal Place of Business:**

201 SOUTHWEST PORT SAINT LUCIE BLVD, STE 2  
PORT SAINT LUCIE, FL 34985

**Current Mailing Address:**

201 SOUTHWEST PORT SAINT LUCIE BLVD, STE 2  
PORT SAINT LUCIE, FL 34985

**FEI Number:** 85-1675841

**Certificate of Status Desired:** Yes

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

PIERRE, DONALD  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** DONALD PIERRE

11/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BIEN AIME, MAGNEDALLA  
Address 201 SOUTHWEST PORT SAINT LUCIE  
BLVD, STE 2  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title VP  
Name PIERRE, DONALD  
Address 201 SOUTHWEST PORT SAINT LUCIE  
BLVD, STE 2  
City-State-Zip: PORT SAINT LUCIE FL 34985

Title S  
Name BIEN AIME, MAGNEDALLA  
Address 201 SOUTHWEST PORT SAINT LUCIE  
BLVD, STE 2  
City-State-Zip: PORT SAINT LUCIE AL 34984

*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:** DONALD PIERRE

VP

11/11/2022

Electronic Signature of Signing Officer/Director Detail

Date