

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000071983

**Entity Name:** ANGELS CARE HEALTH INSURANCE, CORP

**Current Principal Place of Business:**

965 W JUNIATA ST  
CLERMONT, FL 34711

**Current Mailing Address:**

965 W JUNIATA ST  
CLERMONT, FL 34711 US

**FEI Number: 87-2099633**

**Certificate of Status Desired: Yes**

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

ANGEL, FRANCY E  
965 W JUNIATA ST  
CLERMONT, FL 34711 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 ANGEL, FRANCY E  
Address 965 W JUNIATA ST  
City-State-Zip: CLERMONT FL 34711

*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: FRANCY E ANGEL**

P

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date