

2024 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

OWNER

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date