

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000095492

Entity Name: SENIOR ADVOCATES HOME HEALTH INC**Current Principal Place of Business:**100 S ASHLEY DRIVE
STE 600 OFFICE 643
TAMPA, FL 33602**Current Mailing Address:**100 S ASHLEY DRIVE
STE 600 OFFICE 643
TAMPA, FL 33602**FEI Number:** 87-3266806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
100 S ASHLEY DRIVE
STE 600 OFFICE 643
TAMPA, FL 33602 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:** BILL HAVRE

03/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BAUTISTA, DANTE
Address 100 S ASHLEY DRIVE STE 600 OFFICE
643
City-State-Zip: TAMPA FL 33602

Title VP
Name BAUTISTA, DANTE
Address 100 S ASHLEY DRIVE STE 600 OFFICE
643
City-State-Zip: TAMPA FL 33602

Title SEC
Name CAPOLINO, GARY J
Address 12625 FREDERICK STREET I5300
City-State-Zip: MORENO VALLEY CA 92553

Title TREA
Name BAUTISTA, DANTE
Address 100 S ASHLEY DRIVE STE 600 OFFICE
643
City-State-Zip: TAMPA FL 33602

Title DIR
Name BAUTISTA, DANTE
Address 100 S ASHLEY DRIVE STE 600 OFFICE
643
City-State-Zip: TAMPA FL 33602

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: GARY J CAPOLINO**SECRETARY**

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date