

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074997

Entity Name: EMPLOYERS PAY-CARE SERVICES, INC.

Current Principal Place of Business:

4912 26TH ST. W
SUITE 100
BRADENTON, FL 34207

Current Mailing Address:

4912 26TH ST. W
SUITE 100
BRADENTON, FL 34207

FEI Number: 65-0443713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LATREILLE, LUCIEN C
4912 26TH ST. W
SUITE 100
BRADENTON, FL 34207 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 PD
Name LATREILLE, LUCIEN C
Address 4912 26TH ST. W
City-State-Zip: BRADENTON FL 34207

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: LUCIEN LATREILLE

PRES

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date