2023 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000060707

Entity Name: C.P.T. HOMECARE, INC.

### **Current Principal Place of Business:**

13390 SW 131 STREET **UNIT 128** MIAMI, FL 33186

# **Current Mailing Address:**

13390 SW 131 STREET **UNIT 128** MIAMI, FL 33186 US

## FEI Number: 65-0599224

## Name and Address of Current Registered Agent:

TURNIER, FRANTZ 13390 SW 131 STREET MIAMI, FL 33186 US

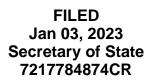
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

|                           |                 |  |                 | <b>J</b> - · · · · · · · · · · · · · · · · · · |            |
|---------------------------|-----------------|--|-----------------|--|------------|
|                           | SIGNATURE       | : FRANTZ TURNIER                         |                 |  | 01/03/2023 |
|                           |                 | Electronic Signature of Registered Agent |                 |  | Date       |
| Officer/Director Detail : |                 |  |                 |  |            |
|                           | Title           | Ρ  | Title           | D  |            |
|                           | Name            | TURNIER, FRANTZ                          | Name            | NORA, TURNIER                                  |            |
|                           | Address         | 13390 SW 131 STREET, UNIT 128            | Address         | 13390 SW. 131 ST UNIT 128                      |            |
|                           | City-State-Zip: | MIAMI FL 33186                           | City-State-Zip: | MIAMI FL 33186                                 |            |
|                           |                 |  |                 |  |            |

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: FRANTZ TURNIER

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

01/03/2023

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