

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059044

Entity Name: PREFERRED CARE PARTNERS HOLDING, CORP.**Current Principal Place of Business:**9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156**Current Mailing Address:**9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US**FEI Number:** 65-0683927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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	PRESIDENT, DIRECTOR
Name	MURRELL, III, WARREN PAUL
Address	9100 SOUTH DADELAND BOULEVARD SUITE 1250
City-State-Zip:	MIAMI FL 33156

Title	DIRECTOR
Name	VELASCO, JR. , JOSE LUIS
Address	9100 SOUTH DADELAND BOULEVARD
City-State-Zip:	MIAMI FL 33156

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9100 SOUTH DADELAND BOULEVARD SUITE 1250
City-State-Zip:	MIAMI FL 33156

Title	SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9100 SOUTH DADELAND BOULEVARD SUITE 1250
City-State-Zip:	MIAMI FL 33156

Title	CFO
Name	SCHROFE, JESSICA ARLETTE
Address	9100 SOUTH DADELAND BOULEVARD SUITE 1250
City-State-Zip:	MIAMI FL 33156

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: HEATHER ANASTASIA LANG**SECRETARY****04/21/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date