

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000004279

**Entity Name:** DYNAMIC CARE, INC.

**Current Principal Place of Business:**

609 MAITLAND AVE  
STE 4  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

609 MAITLAND AVE  
STE 4  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 59-3562271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPERFITO, DAMION S  
609 MAITLAND AVE  
STE 4  
ALTAMONTE SPRINGS, FL 32701 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 PS  
Name LOPERFITO, DAMION S  
Address 609 MAITLAND AVE STE4  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** DAMION LOPERFITO

**PRESIDENT**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date