

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005774

Entity Name: INTELYCARE, INC.**Current Principal Place of Business:**1515 HANCOCK ST, SUITE 203
QUINCY, MA 02169**Current Mailing Address:**1515 HANCOCK ST, SUITE 203
QUINCY, MA 02169 US**FEI Number:** 47-2739929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** CSC

04/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CEO
Name COPPINS, DAVID
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title DIRECTOR, SECRETARY
Name NNAH, IKE
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title DIRECTOR
Name FIGLIOLI, KEITH
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title DIRECTOR
Name HALSTED, SCOTT
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title DIRECTOR
Name VOGEL, BERNARD
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title PRESIDENT
Name SHAGOURY, JOHN
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

Title TREASURER
Name BURKE, DAVID
Address 1515 HANCOCK ST, SUITE 203
City-State-Zip: QUINCY MA 02169

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: IKE NNAH**SECRETARY**

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date