

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004773

**Entity Name:** CARE PARTNERS STAFFING INC.

**Current Principal Place of Business:**

4279 SPRING RUN RD.  
MECHANICSVILLE, VA 23116

**Current Mailing Address:**

4279 SPRING RUN RD.  
MECHANICSVILLE, VA 23116 US

**FEI Number:** 27-0916580

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N.  
STE 300  
ST. PETERSBURG, FL 33702 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 P  
Name POWERS, LINSEY  
Address 4279 SPRING RUN RD.  
City-State-Zip: MECHANICSVILLE VA 23116

Title VP  
Name POWERS, JEFF  
Address 4279 SPRING RUN RD.  
City-State-Zip: MECHANICSVILLE VA 23116

*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:** LINSEY POWERS

**PRESIDENT**

**01/17/2023**

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

\_\_\_\_\_  
Date