

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000001780

**Entity Name:** DISTINCTIVE HOME CARE, INC.

**Current Principal Place of Business:**

2006 TULSON LANE  
A100  
BOWIE, MD 20721

**Current Mailing Address:**

2006 TULSON LANE  
A100  
BOWIE, MD 20721 US

**FEI Number: 75-3197400**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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  
Name            GUYNN, DEBORAH L  
Address        2006 TULSON LANE  
                  A100  
City-State-Zip: BOWIE MD 20721

Title            VP  
Name            GUYNN, JAMES M  
Address        2006 TULSON LANE  
                  A100  
City-State-Zip: BOWIE MD 20721

Title            CFO  
Name            SOUTHALL, MICHAEL  
Address        2006 TULSON LANE  
                  A100  
City-State-Zip: BOWIE MD 20721

Title            DIRECTOR  
Name            MCLEOD, IVY  
Address        2006 TULSON LANE  
                  A100  
City-State-Zip: BOWIE MD 20721

Title            DIRECTOR, SECRETARY  
Name            THOMPSON, CHANTE DAVIS  
Address        2006 TULSON LANE  
                  A100  
City-State-Zip: BOWIE MD 20721

*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: DEBORAH L. GUYNN**

**PRESIDENT**

**01/11/2024**

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

\_\_\_\_\_  
Date