

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000028819

**Entity Name:** CAMPUS HILL CARE INC

**Current Principal Place of Business:**

2811 CAMPUS HILL DRIVE  
TAMPA, FL 33612-9213

**Current Mailing Address:**

2811 CAMPUS HILL DRIVE  
TAMPA, FL 33612-9213 US

**FEI Number:** 47-3580655

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            BLEICH, MICHAEL  
Address        400 RELLA BLVD  
                  #200  
City-State-Zip: MONTEBELLO NY 10901

*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:** BLEICH , MICHAEL

**DIRECTORC**

**02/13/2024**

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

\_\_\_\_\_  
Date