

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000028819

Entity Name: CAMPUS HILL CARE INC

Current Principal Place of Business:

400 RELLA BLVD
#200
MONTEBELLO, NY 10901

Current Mailing Address:

400 RELLA BLVD
#200
MONTEBELLO, NY 10901 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: MICHAEL BLEICH

AUTHORIZED MEMBER

04/10/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date