

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000029316

**Entity Name:** SHORE FACILITY INC

**Current Principal Place of Business:**

4500 INDIANAPOLIS ST. NE  
ST. PETERSBURG, FL 33703-4317

**Current Mailing Address:**

4500 INDIANAPOLIS ST. NE  
ST. PETERSBURG, FL 33703-4317 US

**FEI Number:** 47-3827410

**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            INDIANAPOLIS STREET CARE INC  
Address        368 NEW HEMPSTEAD RD  
                  SUITE 321  
City-State-Zip: NEW HEMPSTEAD NY 10977

*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:** INDIANAPOLIS STREET CARE INC

**DIRECTOR**

**03/07/2023**

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

\_\_\_\_\_  
Date