

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000070566

**Entity Name:** CARE TRUST HEALTH SERVICES, INCORPORATED

**Current Principal Place of Business:**

451 NW 73RD STREET  
MIAMI, FL 33150

**Current Mailing Address:**

451 NW 73RD STREET  
MIAMI, FL 33150

**FEI Number: 87-2041503**

**Certificate of Status Desired: No**

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

CARE TRUST RESEARCH INSTITUTE, INC.  
451 NW 73RD STREET  
MIAMI, FL 33150 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, CEO  
Name            WILLIAMS SIGGERS, GARY L  
Address        451 NW 73RD STREET  
City-State-Zip: MIAMI FL 33150

*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: GARY WILLIAMS SIGGERS**

**PRESIDENT/CEO**

**04/30/2022**

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

\_\_\_\_\_ Date