

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007491

FILED
Jan 04, 2011
Secretary of State

Entity Name: LOVE CARE, INC.

Current Principal Place of Business:

10284 SE 41ST TERRACE
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

PO BOX 350
SUMMERFIELD, FL 34492

New Mailing Address:

10284 SE 41ST TERRACE
BELLEVIEW, FL 34420

FEI Number: 80-0457247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKAJI, DAVID C
10284 SE 41ST TERRACE
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: AKAJI, DAVID C
Address: PO BOX 350
City-St-Zip: SUMMERFIELD, FL 34492

Title: DP
Name: VANHOOSE, ROBERT W
Address: 2210 SE 28 PL
City-St-Zip: OCALA, FL 34471

Title: D
Name: KILPATRICK, DIANE
Address: PO BOX 4775
City-St-Zip: DOWLING PARK, FL 32064

Title: D
Name: OMONIYI, PAMELA
Address: 10250 SE 42ND TERRACE
City-St-Zip: BELLEVIEW, FL 34420

Title: D
Name: AKAJI, JULIET
Address: 10284 SE 41ST TERRACE
City-St-Zip: BELLEVIEW, FL 34420

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID AKAJI

DP

01/04/2011

Electronic Signature of Signing Officer or Director

Date