

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058309

FILED  
May 29, 2008  
Secretary of State

Entity Name: LIVE LONGER @ HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

313 W. OAK ST  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

313 W. OAK ST  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 22-3929585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

SANDRA SANDERS  
203 W. OAK STREET  
ARCADIA, FL 34266 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: SANDRA SANDERS      05/29/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALLOWAY, REBEKAH  
Address: 313 W. OAK ST  
City-St-Zip: ARCADIA, FL 34266

Title: V ( ) Delete  
Name: KOVICH, KATHERINE  
Address: 313 W. OAK ST  
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete  
Name: BRIAN, BURTSCHER  
Address: 313 W. OAK ST.  
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete  
Name: BURTSCHER, BRIAN  
Address: 313 W. OAK ST  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GALLOWAY, REBEKAH  
Address: 313 W. OAK ST.  
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change ( ) Addition  
Name: KOVICH, KATHERINE  
Address: 313 W. OAK ST  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REBEKAH GALLOWAY      PD      05/29/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date