

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101495

Entity Name: LOVING SUPPORT MED-WAIVER PROVIDER INC

Current Principal Place of Business:

6986 JACK HORNER LN
JACKSONVILLE, FL 32210

Current Mailing Address:

6986 JACK HORNER LN
JACKSONVILLE, FL 32210

FEI Number: 20-3171069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLAM-GREEN, PAMELA
6986 JACK HORNER LN
JACKSONVILLE, FL 32210 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 CEO
Name KELLAM-GREEN, PAMELA
Address 6986 JACK HORNER LN
City-State-Zip: JACKSONVILLE FL 32210

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: PAMELA KELLAM-GREEN

CEO

03/12/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date