

**2018 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**

**04/12/2018**

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

\_\_\_\_\_  
Date