

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008733

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** LONG TERM CARE NUTRITION, INC.

**Current Principal Place of Business:**

8112 WINDSOR RIDGE ROAD  
ORLANDO, FL 32835

**New Principal Place of Business:**

2308 LONGMOORE COURT  
ORLANDO, FL 32835

**Current Mailing Address:**

8112 WINDSOR RIDGE ROAD  
ORLANDO, FL 32835

**New Mailing Address:**

2308 LONGMOORE COURT  
ORLANDO, FL 32835

FEI Number: 59-3619931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMODECA, LEANA  
8112 WINDSOR RIDGE ROAD  
ORLANDO, FL 32835 US

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

CAMODECA, LEANA  
2308 LONGMOORE COURT  
ORLANDO, FL 32835 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

04/26/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CAMODECA, LEANA  
Address: 2308 LONG MOORE COURT  
City-St-Zip: ORLANDO, FL 32835

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: LEANA CAMODECA

Electronic Signature of Signing Officer or Director

PSTD

04/26/2010

Date