

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008733

FILED  
Apr 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2308 LONGMOORE COURT  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

2308 LONGMOORE COURT  
ORLANDO, FL 32835

**New Mailing Address:**

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  
2308 LONGMOORE COURT  
ORLANDO, FL 32835 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: 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

PSTD

04/29/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date