. ~2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address,

SIGNATURE:

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P00000037422 1. Entity Name LTS NURSING SERVICE, INC. Principal Place of Business Mailing Address 8301 S.W. 57 STREET DAVIE FL 33328 8301 S.W. 57 STREET DAVIE FL 33328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-1009147 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUPLER, DAVID S 6950 CYPRESS ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 101 PLANTATION FL 33317 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squarure, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature reduired when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu 1011 ☐ Delete Change ■ Addition SIMMONS, LINDA NAMI HAME 8301 S.W. 57 STREET STREET ADDRESS STREET ADDRESS U00000742195 DAVIE FL 33328 CITY-ST-7/P CITY-ST-7IP ′15/07-80058 -013 150.00 Dclele THE Change Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7P C11Y - S1 - 71P mu ☐ Delete III1F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-7(P 11111 ☐ Delete DITE: □ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP COY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-709 CHY-SI-7P 1000 ☐ Detete THEF Change Addition NAM NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. I further certify that the information indicated on this report or supplemental report/s true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee enhanced to execute this report as required by Chapter 607. Florida Statutes; and that py name appears in Block 10 or Block 11 of shared are an element of the corporation.

FILED