

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107007

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: LAURA'S ELDERLY HOMECARE, INC.

**Current Principal Place of Business:**

19500 SOUHWEST 127TH AVENUE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

19500 SOUHWEST 127TH AVENUE  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 65-1056106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 32 STREET  
4TH FLOOR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, ERROL S  
Address: 19500 SOUHWEST 127TH AVENUE  
City-St-Zip: MIAMI, FL 33177

Title: STD  
Name: BROWN, SIVELYN F  
Address: 19500 SOUHWEST 127TH AVENUE  
City-St-Zip: MIAMI, FL 33177

Title: ADM  
Name: BROWN, ERROL S  
Address: 19500 SOUTHWEST 127TH AV.  
City-St-Zip: MIAMI, FL 33177

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: ERROL BROWN

ADM

04/16/2010

Electronic Signature of Signing Officer or Director

Date