2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000141943

1. Entity Name
LIFE CARE MANAGEMENT OF SOUTH FLORIDA, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
6874 SO. CONGRESS AVENUE
LANTANA, FL 33462

Mailing Address
6874 SO. CONGRESS AVENUE
LANTANA, FL 33462

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1110499
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, MERELINE N
6874 S. CONGRESS AVE.
LANTANA FL 33462

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, MERELINE N
STREET ADDRESS	6874 S. CONGRESS AVE.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000139728
04/29/04-80132-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mereline Brown 4/27/04 561 969 2343