

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111943

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** LIFE CARE MANAGEMENT OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6874 SO. CONGRESS AVENUE  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

6874 SO. CONGRESS AVENUE  
LANTANA, FL 33462

**New Mailing Address:**

FEI Number: 65-1110499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BROWN, MERELINE N  
Address: 6874 S. CONGRESS AVE.  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MERELINE BROWN

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date