2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# P02000113677

Entity Name: LIFELONG FAMILY HEALTHCARE, INC.

Current Principal Place of Business:

885 S.E. 6TH AVE
SUITE C
DELRAY BEACH, FL 33483

New Principal Place of Business:

C/O 200 SOUTH ANDREWS AVENUE
STE 100
FORT LAUDERDALE, FL 33301

Current Mailing Address:

885 S.E. 6TH AVE
SUITE C
DELRAY BEACH, FL 33483

New Mailing Address:

C/O 200 SOUTH ANDREWS AVENUE
STE 100
FORT LAUDERDALE, FL 33301

FEI Number: 01-0749217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTUCCI, THOMAS
885 S.E. 6TH AVE
SUITE C
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

SANTUCCI, THOMAS
C/O 200 SOUTH ANDREWS AVENUE
SUITE 100
FORT LAUDERDALE, FL 33301 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: /THOMAS SANTUCCI/ 04/28/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SANTUCCI, THOMAS
Address: C/O 200 SOUTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: /THOMAS A. SANTUCCI/ P 04/28/2010
Electronic Signature of Signing Officer or Director Date