2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121923

FILED May 01, 2008 Secretary of State

Entity Name: LOVING CARE HOME HEALTH OF SOUTH FLORIDA INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:			
11459 SILK CA ROYAL PALM I							
Current Mailing Address:			New Mail	New Mailing Address:			
11459 SILK CA ROYAL PALM I							
FEI Number: 13-4	219054	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:			
LOPEZ, KEISH 6835 BROADM NORTH LAUDI	100R	33068 US					
The above namin the State of F		omits this statement for the pur	pose of changing	its registered	l office or registered agent	t, or both,	
SIGNATURE:							
	Electronic	Signature of Registered Agent	İ		Date		
)(b), F.S., the corporation did not r	eceive the prior not	ice.			
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address: 683	() De PEZ, KEISHA 35 BROADMOO RTH LAUDERD		Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:	() De	elete	Title: Name: Address: City-St-Zip:	HUNT, OLIVE 7633 FORES	() Change (X) Addition E ST GREEN LANE EACH, FL 33436		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEISHA LOPEZ CEO 05/01/2008