

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121923

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

11459 SILK CARNATION WAY
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

6835 BROADMOOR
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

11459 SILK CARNATION WAY
ROYAL PALM BEACH, FL 33411

New Mailing Address:

6835 BROADMOOR
NORTH LAUDERDALE, FL 33068

FEI Number: 13-4219054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, KEISHA
6835 BROADMOOR
NORTH LAUDERDALE, FL 33068 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: D () Delete
Name: LOPEZ, KEISHA
Address: 6835 BROADMOOR
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: F () Delete
Name: HUNT, OLIVE
Address: 7633 FOREST GREEN LANE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: F (X) Change () Addition
Name: HUNT, OLIVE
Address: 1324 AVON LANE #23
City-St-Zip: NORTH LAUDERDALE, FL 33068

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

D

02/18/2009

Electronic Signature of Signing Officer or Director

Date