

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000090143

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** LONG TERM CARE CONSULTANTS, INC.

**Current Principal Place of Business:**

701 SW 27 AVE  
STE. 1402  
MIAMI, FL 33155

**New Principal Place of Business:**

3271 NW 7TH STREET  
SUITE 204  
MIAMI, FL 33125

**Current Mailing Address:**

701 SW 27 AVE  
STE. 1402  
MIAMI, FL 33155

**New Mailing Address:**

3271 NW 7TH STREET  
SUITE 204  
MIAMI, FL 33125

**FEI Number:** 20-0164519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIERA, JORGE L.C.P.A.  
340 SEVILLA AVE  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CASUSO, ENRIQUE G  
Address: 7815 SW 83 CT  
City-St-Zip: MIAMI, FL 331439

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: ENRIQUE G. CASUSO

DR.

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date