


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000141904	
1. Entity Name THE LOVE CONSULTING GROUP, INC.	

Principal Place of Business 701 S BAYSHORE BLVD SAFETY HARBOR, FL 34695	Mailing Address 701 S BAYSHORE BLVD SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0473633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEARD, ROBERT G., JR., JD, CPA
16644 VALLELY DR
TAMPA, FL 33618**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000914427 05/08/08-80056-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE PTSD	
NAME LOVE, SHEILA M MD	
STREET ADDRESS 701 S BAYSHORE BLVD	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE D	
NAME CARROLL, PATRICK J	
STREET ADDRESS 701 S BAYSHORE BLVD	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila M Love MD **Sheila M. Love MD** **4-17-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #