

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113899

FILED
Feb 25, 2011
Secretary of State

Entity Name: LOV-MED ENTERPRISES, INCORPORATED

Current Principal Place of Business:

4710 NW 23RD TERRACE
GAINESVILLE, FL 62605

New Principal Place of Business:

4710 NW 23RD TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

P.O. BOX 358061
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-3397397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETTE, JERRY L
4710 NW 23RD TERRACE
GAINESVILLE, FL 32605 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: P
Name: LOVETTE, JERRY L
Address: 4710 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T
Name: LOVETTE, ELIZABETH M
Address: 4710 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: JERRY L. LOVETTE

PRES

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date