## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000128904

Entity Name: M.S LOVING CARE INC

FILED Oct 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

501 SW 16 AVE APR 2 3750 WEST 16TH AVENUE MIAMI, FL 33135

#204

HIALEAH, FL 33012

**Current Mailing Address: New Mailing Address:** 

501 SW 16 AVE APR 2 3750 WEST 16TH AVENUE MIAMI, FL 33135 #204

HIALEAH, FL 33012

FEI Number: 20-3527062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LOPEZ, ANICHEL 501 SW 16 AVE APR 2 MIAMI, FL 33135

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: ANICHEL LOPEZ

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete Title:

LOPEZ, ANICHEL LOPEZ, ANICHEL Name: Name: 501 SW 16 AVE APR 2 501 SW 16 AVE APR 2 Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ANICHEL LOPEZ DP 10/10/2006