2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# P05000166232

Entity Name: LOVING SUPPORT CARE CORP

Current Principal Place of Business:

6251 NW 199 STREET
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6251 NW 199 STREET
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-4017611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OBANDO, SANDRA
6251 NW 199 STREET
MIAMI, FL 33015 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: P ( ) Delete
Name: OBANDO, SANDRA
Address: 6251 NW 199 STREET
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: OBANDO, SANDRA
Address: 6251 NW 199 STREET
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Change (X) Addition
Name: STEIMAN, DAVID M
Address: 420 ALEXANDRA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: T ( ) Change (X) Addition
Name: WESSELS, ROBERT H
Address: 560 SO. COUNTY ROAD 21
City-St-Zip: HAWTHORNE, FL 32640

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: ROBERT H WESSELS T 04/25/2009

Electronic Signature of Signing Officer or Director — Date