

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016367

FILED
Mar 20, 2007
Secretary of State

Entity Name: LIFE LINE NURSING CARE, INC.

Current Principal Place of Business:

16000 S.W. 100 COURT
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

BERNSTEIN & BERGER, P.A.
100 N. BISCAYNE BLVD. #1001
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 20-4224601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNSTEIN, JEFFREY A ESQ
100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132 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: PST () Delete
Name: CAMPBELL SMITH, MARLENE
Address: 16000 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: VP () Delete
Name: DALEY-PINNOCK, JENNIFER
Address: 16000 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33157 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CAMPBELL SMITH, MARLENE
Address: 16000 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: VP (X) Change () Addition
Name: BLACKMAN, PAMELA
Address: 16000 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33157 US

Title: S () Change (X) Addition
Name: ROSE, KAREN
Address: 16000 S.W. 100 COURT
City-St-Zip: MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE CAMPBELL SMITH

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03/20/2007

Electronic Signature of Signing Officer or Director

Date