

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036549

Entity Name: MORE LIFE CARE INC.

FILED  
May 11, 2010  
Secretary of State

**Current Principal Place of Business:**

7049 SAN SOUCI ROAD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

2104 SAUL DRIVE  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 94-3457343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDEN, PATRICIA  
2104 SAUL DRIVE  
JACKSONVILLE, FL 32216 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

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: P  
Name: GOLDEN, PATRICIA  
Address: 2104 SAUL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: GOLDEN, JOY  
Address: 2104 SAUL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: GOLDEN, JOREL  
Address: 2104 SAUL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: GOLDEN, GABRIEL  
Address: 2104 SAUL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

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: PATRICIA GOLDEN

P

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date