2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000043787

1. Entity Name
MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.

FILED
Sep 11, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6517 TAFT STREET STE. 220 HOLLYWOOD, FL 33024	16000 PINES BLVD., #821493 PEMBROKE PINES, FL 33082-9239

07062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1750312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LAURNA
7161 PEMBROKE ROAD #600
PEMBROKE PINES, FL 33023

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required where mandated)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	JAIPAUL, ELMINA
STREET ADDRESS	16000 PINES BLVD., #821493
CITY-ST-ZIP	PEMBROKE PINES, FL 33082-9239
TITLE	VT
NAME	ATHANASSOPOULOS, BEVERLY
STREET ADDRESS	16000 PINES BLVD., #821493
CITY-ST-ZIP	PEMBROKE PINES, FL 33082-9239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/11/08-80001-004 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E Jaipaul Elmina Jaipaul 7/8/08 954-943-9815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #