

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043787

FILED
Mar 30, 2012
Secretary of State

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

Current Principal Place of Business:

1468 SOUTH PALM AVENUE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

16000 PINES BLVD., #821493
PEMBROKE PINES, FL 33082-9239

New Mailing Address:

1468 SOUTH PALM AVENUE
PEMBROKE PINES, FL 33025

FEI Number: 16-1750312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYUNGBE, ALBERT
2967 SW 161 AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

NICHOLAS, ROSEMARIE
1468 SOUTH PALM AVENUE
PEMBROKE PINES, FL 33025 US

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: ROSEMARIE NICHOLAS

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: JAIPAUL, ELMINA
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP
Name: NICHOLAS, ROSEMARIE
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: SEC
Name: PARRAM, GINO
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

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: ROSEMARIE NICHOLAS

VP

03/30/2012

Electronic Signature of Signing Officer or Director

Date