2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 01, 2007
Secretary of State

DOCUMENT# P06000058309

Entity Name: LIVE LONGER @ HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

313 W. OAK ST
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

313 W. OAK ST
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 22-3929585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GALLOWAY, REBEKAH
Address: 313 W. OAK ST
City-St-Zip: ARCADIA, FL 34266

Title: V ( ) Delete
Name: KOVICH, KATHERINE
Address: 313 W. OAK ST
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete
Name: LEBER, JOHN
Address: 313 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete
Name: BURTSCHER, BRIAN
Address: 313 W. OAK ST
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BRIAN, BURTSCHER
Address: 313 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REBEKAH BURTSCHER PD 11/01/2007

Electronic Signature of Signing Officer or Director — Date