

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011286

FILED
Apr 17, 2008
Secretary of State

Entity Name: L AND A NURSING CARE SERVICES, INC.

Current Principal Place of Business:

1125 S.W. 94TH AVENUE
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

1125 S.W. 94TH AVENUE
MIAMI, FL 33174 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CALVO FERNANDEZ, LIANA
1125 S.W. 94TH AVENUE
MIAMI, FL 33174 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: P () Delete
Name: CALVO FERNANDEZ, LIANA
Address: 1125 SW 94TH AVENUE
City-St-Zip: MIAMI, FL 33174 US

Title: VP () Delete
Name: FERNANDEZ, ALEXANDER A
Address: 1125 S.W. 94TH AVENUE
City-St-Zip: MIAMI, FL 33174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LIANA CALVO FERNANDEZ

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date