

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011286

FILED  
Apr 15, 2012  
Secretary of State

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

**Current Principal Place of Business:**

9481 SW 53RD STREET  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

9481 SW 53RD STREET  
MIAMI, FL 33165 US

**New Mailing Address:**

**FEI Number:** 20-8324319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALVO, LIANA  
9481 SW 53RD STREET  
MIAMI, FL 33165 US

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

CALVO-RANGEL, LIANA  
9481 SW 53RD STREET  
MIAMI, FL 33165 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:** LIANA CALVO-RANGEL

04/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CALVO-RANGEL, LIANA  
**Address:** 9481 SW 53RD STREET  
**City-St-Zip:** MIAMI, FL 33165 US

**Title:** VP  
**Name:** RANGEL, NELSON  
**Address:** 9481 SW 53 STREET  
**City-St-Zip:** MIAMI, FL 33165

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:** LIANA CALVO-RANGEL

P

04/15/2012

Electronic Signature of Signing Officer or Director

Date