2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P07000115679

Entity Name: L T PATIENTCARE INC

Current Principal Place of Business:

1930 HARRISON STREET
204
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1930 HARRISON STREET
204
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 26-1285205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAVE, LAWRENCE
3801 NE 207TH STREET
901
AVENTURA, FL 33180 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: PLAVE, LAWRENCE
Address: 3801 NE 207TH STREET 901
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete
Name: PLAVE, BRIAN
Address: 18800 NE 29TH AVENUE 503E
City-St-Zip: AVENTURA, FL 33180

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: LAWRENCE PLAVE P 04/25/2008

Electronic Signature of Signing Officer or Director — Date