

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024618

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** LAWRENCE CARECONCEPT, INC.

**Current Principal Place of Business:**

21205 NW 14 PL.  
219  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

21205 NW 14 PL.  
219  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 26-2134561      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAWRENCE, AUDREY C  
21205 NW 14 PL.  
219  
MIAMI GARDENS, FL 33169 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: DIR  
Name: LAWRENCE, AUDREY C  
Address: 21205 NW 14 PL.  
City-St-Zip: MIAMI GARDENS, FL 33169

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: AUDREY LAWRENCE

DIR

04/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date