2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025660

Entity Name: LOVING TENDER HOMECARE, INC.

FILED Mar 25, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	12 AVENUE ACH, FL 33179		21221 N.E. 12 AVENUE MIAMI BEACH, FL 33179	
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	BROKE ROAD #600 KE PINES, FL 33023			
FEI Number	: FEI Number Applied For	(X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		ent: Name and Address o	Name and Address of New Registered Agent:	
7161 PEM PEMBROI	SERVICES BROKE ROAD #600 KE PINES, FL 33023 US			
	named entity submits this statement f e of Florida.	or the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:Electronic Signature of Registe	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution	•	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete BONY, CAROLE 21221 NE 12TH AVENUE MIAMI BEACH, FL 33179	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BONY, BENNY 21221 NE 12TH AVENUE MIAMI BEACH, FL 33179	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CAROLE BONY PT 03/25/2009