

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000064187

**Entity Name:** ELDER LOVING CARE, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2060 AINSLIE D  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

2060 AINSLIE D  
BOCA RATON, FL 33434 US

**New Mailing Address:**

**FEI Number:** 01-0905572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELLER, STEVEN C  
5851 HOLMBERG RD  
3023  
PARKLAND, FL 33067 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LARSON, FRANCINE  
Address: 2060 AINSLIE D  
City-St-Zip: BOCA RATON, FL 33434 US

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: FRANCINE LARSON

P

04/28/2011

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

\_\_\_\_\_  
Date