

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000094005

Entity Name: LM CARE SERVICES INC

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

550G SE 2ND AVE  
2  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

550G SE 2ND AVE  
2  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 26-3566830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE SOUZA, VANDA R  
550G SE 2ND AVE  
2  
DEERFIELD BEACH, FL 33441 US

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

TAXPLACE  
1660 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442 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: LUCI MIRANDA

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DE SOUZA, VANDA R  
Address: 550G SE 2ND AVE 2  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: VANDA R DE SOUZA

P

03/29/2011

Electronic Signature of Signing Officer or Director

Date