

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043235

FILED
Mar 02, 2011
Secretary of State

Entity Name: LOVING HANDS ADULT FAMILY CARE ENTERPRISE. INC

Current Principal Place of Business:

299 NW NORTH MACEDO BLVD
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

299 NW NORTH MACEDO BLVD
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JAYNE M RN
299 NW NORTH MACEDO BLVD
PORT SAINT LUCIE, FL 34983 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: THOMPSON, JAYNE M RN
Address: 299 NW NORTH MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP
Name: THOMPSON, TIMOTHY M
Address: 299 NW NORTH MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: SECR
Name: THOMAS, MOCHIA C
Address: 135 CLINTON STREET APT 6F
City-St-Zip: HEMPSTEAD, NY 11550 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: JAYNE THOMPSON

MS.

03/02/2011

Electronic Signature of Signing Officer or Director

Date