

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000097107

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** LOVE AND LIFE HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

13460 SW 271 LANE  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

16201 SW 95 ST  
105  
MIAMI, FL 33157

**Current Mailing Address:**

13460 SW 271 LANE  
HOMESTEAD, FL 33032

**New Mailing Address:**

28620 SW 144 AVE  
HOMESTEAD, FL 33033

**FEI Number:** 45-3781305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBBER, TRACEY  
13460 SW 271 LANE  
HOMESTEAD, FL 33032 US

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

WEBBER, TRACEY  
28620 SW 144 AVE  
HOMESTEAD, FL 33033 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: TRACEY WEBBER

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEBBER, TRACEY  
Address: 28620 SW 144 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP  
Name: WEBBER, STEADSON  
Address: 28620 SW 144 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: SEC.  
Name: CUMMINGS, NARSHA  
Address: 28620 SW 144 AVE  
City-St-Zip: HOMESTEAD, FL 33033

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: TRACEY WEBBER

P

04/12/2012

Electronic Signature of Signing Officer or Director

Date