

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90026 030 ***150.00

DOCUMENT # P94000032035

1. Entity Name

CONCORDE LOVING CARE, INC.



Principal Place of Business

#1 FLORIDA PK DR
STE #334
PALM COAST FL 32164

Mailing Address

6 RYLEY LANE
PALM COAST FL 32164



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3252138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, DONALD W
21 OLD KINGS RD, N.
SUITE B-110
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name IDA M. HARRIS
Street Address (P.O. Box Number is Not Acceptable)
6 Ryley Ln
City PALM COAST FL Zip Code 32164

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

2.15.06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME HARRIS, WILLIAM M
STREET ADDRESS 6 RYLEY LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☐ Delete
NAME HARRIS, IDA M
STREET ADDRESS 6 RYLEY LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☒ Delete
NAME TINSLEY, SHIRLEY M
STREET ADDRESS 91 ROSE DRIVE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.16.06

Date

386.437.1022

Daytime Phone #

ATTACHMENT

600.18595

P94000032035

Memo

To

From

IDA M. HARRIS R.N.

Dear Sir
for my first the
first application
With out the check

CONCORDE LOVING CARE INC.
6 RYLEY LANE - PALM COAST FL. 32164
We are fulfilling God's
promise to you with pleasure.