2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2007 08:00 AM **DOCUMENT # P94000032035 Secretary of State** 1. Entity Name CONCORDE LOVING CARE, INC. Principal Place of Business Mailing Address **6 RYLEY LANE** #1 FLORIDA PK DR PALM COAST, FL 32164 STE #334 PALM COAST, FL 32164 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3252138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, IDA M DO NOT WRITE **6 RYLEY LN** PALM COAST, FL 32164 IN THIS SPACE 8. The above named entity submits this statement to the put pose 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. /*-3/-*SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWH! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Ď TITLE HARRIS, WILLIAM M NAME **6 RYLEY LANE** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137

U00000616364 02/07/07-80025-006 150.00

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Chapter 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 each; 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:

D

HARRIS, IDA M

6 RYLEY LANE

PALM COAST, FL 32137

TILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-7IF IIILE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

1/caro

1-31-07