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FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000061701 (5)

1. Corporation Name

LOVING CARE D.M.E., INC.

Principal Place of Business

8101 S.W. 159TH COURT
MIAMI FL 33183

Mailing Address

8101 S.W. 159TH COURT
MIAMI FL 33183-3061

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 5600 S.W. 135 Ave. #202C

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #202-C

Suite, Apt. #, etc.

City & State

23 Miami, Fl. 33183

City & State

Zip

24 33183

Country

Zip

29

Country

30

4. FEI Number
65-0610152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEL VALLE, FELICIA
8500 S.W. 8TH STREET
#284
MIAMI FL 33144

81 Name

MILAGROS LOPEZ

82 Street Address (P.O. Box Number is Not Acceptable)

83

6140 S.W. 147th Court

84 City

Miami

FL

85 Zip Code
33193

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Milagros Lopez

Signature of the person who printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
DEL VALLE, FELICIA
STREET ADDRESS
8101 S.W. 159TH COURT
CITY-ST-ZIP
MIAMI FL 33193

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
PRESIDENT
1.3 STREET ADDRESS
MILAGROS LOPEZ
6140 S.W. 147th Court
1.4 CITY-ST-ZIP
Miami, Fl. 33193

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
VICE PRESIDENT
2.3 STREET ADDRESS
RAUL LOPEZ
6140 S.W. 147th Court
2.4 CITY-ST-ZIP
Miami, Fl. 33193

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Milagros Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 305-279-6408
Daytime Phone #

3687

CR2E034 (9/96)