

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

**5600 SW 135 AVE
202C
MIAMI FL 33183
US**

Mailing Address

**8101 S.W. 159TH COURT
MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3750 U.S. 27N

Suite, Apt. #, etc.
Unit 1-D

City & State
Sebring, FL

Zip
33870

Country
Highlands

2a. Mailing Address

26 3750 U.S. 27N

Suite, Apt. #, etc.
Unit 1-D

City & State
Sebring, FL

Zip
33870

Country
Highlands

9. Name and Address of Current Registered Agent

**LOPEZ, MILAGROS
6140 SW 147 CT
MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name **Lopez Milagros**

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

6727 NEDA Street

83

84 City **Sebring**

FL

85 Zip Code **33872**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P LOPEZ, MILAGROS**
STREET ADDRESS **6140 SW 147 CT**
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **VP LOPEZ, RAUL**
STREET ADDRESS **6140 SW 147 CT**
CITY - ST - ZIP **MIAMI FL**

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 **P Lopez, Milagros**
1.3 STREET ADDRESS **6727 NEDA Street**
1.4 CITY - ST - ZIP **Sebring, FL 33872**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V.P. Lopez, Raul**
2.3 STREET ADDRESS **6727 NEDA Street**
2.4 CITY - ST - ZIP **Sebring, FL 33872**

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 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:

[Handwritten Signature]

4/6/98

CR2E034 (10/97)