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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham;

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600041846 (2)
LOVING HANDS SENIOR DAY CARE CENTER, INC.

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Principal Place of Business	Mailing Address		i interfet in interfet matte anti-		11(1 1981
9583 NW 40 STREET	3583 NW 40 STREET LAUDERDALE LAKES FL 3	33094844			
-LAUDERDALE LAKES FL-32300	T / C / L	in 21th CT			
MARJATE FL 33 0 63	mangate	FC 33063	3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Rep	ort
Principal Place of Business	2a. Mailing Address	I at L	4. FEI Number	Appl	ied For
1 CAM-LAS Above	26 0546 N.	W. 24 C/	5220268 98		Applicable
Sulte; Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
City & State	City & State		& Floation Compaign Financing		
	28 MARGATE	FL 33063	Election Campaign Financing     Trust Fund Contribution	\$5.00 M	
Zip Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 1	99.032,
25	29 33063	30 BROWARD		Yes 💹 No	
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regi	lstered Agent	
RICHARD P GREENE PA		81 Name	NONNE ENL	/ARKC	
2455 E SUNRISE BLVD STE 905		82 Street Add	ess (P.O. Box Number is Not Acceptable	)	<u>.                                    </u>
FT LAUDERDALE FL 33304		83 35 83	3 NOW 40th S	TKLLF	
. / /	,				
* /		84 Gity	reduce force	FL 85 Zip Co	ode 5 9
11. Pursuant to the provisions of Sections 607.00	502 and 607 1508. Florida Statute	es the above-pamed con	poration submits this statement for the pu	roops of changing its	rogiotoros
office or registered agent, or both, in the Sta	le of Florida. Such change was a	uthorized by the corpora	tion's board of directors. Thereby accept	the appointment as re	gistered
والماسك مناف ومناه مستدام سندا المواكن وسيارا مستدا وساوا المستدار					
11 1 0/0	regitions of Section 607.0505, Flo	orida Statutes.			
11 1 0/0	UL/OF	rida Statutes.  Registered Agent signature requ		DATE	
SIGNATURE Signature, 1990 or printed name of registers a	UL/OF			DATE	
SIGNATURE Signaph. Wheel or printed name or register as OFFICERS AN	gont and title if applicable. (NOTE	Registered Agent signature requ	red when reinstaung)	DATE RS AND DIRECTORS	IN 12
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