

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101185

FILED
Apr 21, 2011
Secretary of State

Entity Name: LOVE 'N' CARE ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

5426 18TH ST. WEST
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 10738
BRADENTON, FL 34282

New Mailing Address:

FEI Number: 65-0715765 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOVE 'N'
5426 18TH ST. WEST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

CAMPBELL, SANDRA
LOVE 'N' CARE ASSISTED LIVING FACILITY
5426 18TH ST. WEST
BRADENTON, FL 34207 US

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.

SIGNATURE: SANDRA CAMPBELL

04/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CAMPBELL, SANDRA
Address: 5426 18TH ST. WEST
City-St-Zip: BRADENTON, FL 34207

Title: S
Name: CAMPBELL, SABRINA
Address: 5426 18TH ST. WEST
City-St-Zip: BRADENTON, FL 34207

Title: M
Name: CAMPBELL, JASMINE
Address: 5426 18TH ST. WEST
City-St-Zip: BRADENTON, FL 34207

Title: D
Name: MCDONALD, JOYCE
Address: 5426 18TH ST. WEST
City-St-Zip: BRADENTON, FL 34207

Title: D
Name: ERICKSON, JOANNA
Address: 5426 18TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA CAMPBELL

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date