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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000017526**1. Corporation Name

LOVING CARE FOR THE ELDERLY, INC.

Pri	ncipal Place of Business
220	CENTED STREET

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90005 032 ***150.00



Principal Place	e of Business	Mailing Address		•					
228 CENTER ST	TREET	228 CENTER STREET				•			
EUSTIS FL 327		EUSTIS FL 32726				DO NOT INDITE IN THE SPACE			
						DO NOT WRITE IN THIS SI	PACE	_	
						3. Date Incorporated or Qualifed			
	` ;					02/18/1997		}	
2 Deignalant D	loca of Rusiness	2a. Mailing Address				4. FEI Number	Applied For	ᆌ.	
1			g . 122. 300			59-3429846	Not Applicable	<u>,</u> {	
21		26					\$8.75 Additional	- 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-		Fee Required		
22	·	27							
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23 .		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
24	25	29 30				Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current		11	1		10. Name and Address of New Registered Ag	jent		
	5. Idalia and Address of Outran	and a second region		81 1	Name .			_]	
· ABINIY	/ DUCCELL D	•							
19619 EAST 13TH STREET COPY AND INC.				82 Street Address (P.O. Box Number is Not Acceptable)					
190 P EAST STATE				And the second s					
UMATILLA FL 32784				83				.	
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				84 (City	FL	as . Zip code .		
ende erre same ale	La Manufalore of Continue 607 0503	and 607 1508 Elorida Statu	toe the s	hove-n	amed com		anging its registered	\dashv	
office or r	to the provisions of Sections 607.0502 edistered agent, or both, in the State of	of Florida. Such change was	authorize	d by the	e corporation	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appointr	nent as registered	-	
agent. I a	m familiar with, and accept the obligati	ions of Section 607.0505, Flo	orida Stat	tutes.	•				
SIGNATURE	•							İ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered	d Agent si	ignature required	d when reinstating) (, (1995) - DATE		-1	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		-	
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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, with all other like empowered.