

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000040193

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** NURSING LOVE & CARE FACILITIES ENTERPRISES INC.

**Current Principal Place of Business:**

1045 WEST 23RD STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOPEZ ACCOUNTING  
1800 W 49TH ST, STE 223  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0757866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURIAS, ELIA  
1045 WEST 23RD STREET  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURIAS, ELIA  
Address: 16393 STONE HEAVEN ROAD  
City-St-Zip: MIAMI LAKES, FL 33014

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: ELIA MURIAS

PD

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date