

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S14011

FILED
Aug 11, 2008
Secretary of State**Entity Name:** LOVING CARE RETIREMENT SERVICES, INC.**Current Principal Place of Business:**380 NW SOUTH RIVER DR
MIAMI, FL 33128**New Principal Place of Business:****Current Mailing Address:**380 NW SOUTH RIVER DR
MIAMI, FL 33128**New Mailing Address:**5833 CORAL WAY
MIAMI, FL 33155**FEI Number:** 65-0227924**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROMAN, OSVALDO
380 NW SOUTH RIVER DRIVE
MIAMI, FL 33128 US**Name and Address of New Registered Agent:**GOETT, ADRIAN
380 NW SOUTH RIVER DRIVE
MIAMI, FL 33128 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: ADRIAN GOETT

08/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ROMAN, OSVALDO F
Address: 380 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: GOETT, ADRIAN F
Address: 380 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADRIAN GOETT

PS

08/11/2008

Electronic Signature of Signing Officer or Director

Date