

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007936

FILED
May 01, 2009
Secretary of State

Entity Name: LOVING FAMILY CARE CORPORATION

Current Principal Place of Business:

3600 SOUTH STATE ROAD 7 STE 328
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH STATE ROAD 7 STE 328
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-8259264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTER, CARL S
7435 NW57 ST
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

PITTER, CARL S
7447 NW57 ST
TAMARAC, FL 33319 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: CARL S PITTER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLAU, EARL H
Address: 20971 NE SECOND AVE
City-St-Zip: MIAMI, FL 33179

Title: TRE () Delete
Name: GOLAU, EARL H
Address: 20971 NE SECOND AVE
City-St-Zip: MAIMI, FL 33179

Title: SEC () Delete
Name: GOLAU, EARL H
Address: 20971 NE SECOND AVE
City-St-Zip: MAIMI, FL 33179 FL

Title: D (X) Delete
Name: GOLAU, EARL H
Address: 20971 NE SECOND AVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GOLAU, EARL H
Address: 20971 NE SECOND AVE
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Change () Addition
Name: GOLAU, RENEE N
Address: 20971 NE SECOND AVE
City-St-Zip: MAIMI, FL 33179

Title: TRE (X) Change () Addition
Name: GOLAU, RENEE N
Address: 20971 NE SECOND AVE
City-St-Zip: MAIMI, FL 33179 FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EARL GOLAU

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date