

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000111943

**Entity Name:** LIFE CARE MANAGEMENT OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6874 SO. CONGRESS AVENUE  
LANTANA, FL 33462

**Current Mailing Address:**

6874 SO. CONGRESS AVENUE  
LANTANA, FL 33462 UN

**FEI Number:** 65-1110499

**Certificate of Status Desired:** No

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

BROWN, MERELINE N  
6874 S. CONGRESS AVE.  
LANTANA, FL 33462 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            BROWN, MERELINE N  
Address        6874 S. CONGRESS AVE.  
City-State-Zip: LANTANA FL 33462

*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:** MERELINE BROWN

**DIRECTOR**

**08/11/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date