

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000049887

**Entity Name:** SIMPLE LIVING HOME CARE, INC.

**Current Principal Place of Business:**

4910 14 ST W #202  
BRADENTON, FL 34207

**Current Mailing Address:**

P.O. BOX 9173  
BRADENTON, FL 34206

**FEI Number:** 65-1107410

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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	PTD	Title	VSD
Name	BROWN, JOHN W	Name	BROWN, KIMBERLY J
Address	4910 14TH ST W #202	Address	4910 14TH ST W #202
City-State-Zip:	BRADENTON FL 34207	City-State-Zip:	BRADENTON FL 34207

*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:** JOHN W. BROWN

**PRESIDENT**

**07/25/2014**

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

\_\_\_\_\_  
Date