

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036188

Entity Name: LT HEALTH CARE CORP.

Current Principal Place of Business:

12340 SW 132 CT
MIAMI, FL 33186

Current Mailing Address:

12340 SW 132 CT
MIAMI, FL 33186 US

FEI Number: 38-3782597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA FLOR, LEONEL S
664 NW 183RD WAY
MIAMI, FL 33029 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 PD
Name DE LA FLOR, LEONEL S
Address 664 NW 183RD WAY
City-State-Zip: MIAMI FL 33029

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: LEONEL DE LA FLOR

PRESIDENT

02/01/2015

Electronic Signature of Signing Officer/Director Detail

Date