

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040193

Entity Name: NURSING LOVE & CARE FACILITIES ENTERPRISES INC.

Current Principal Place of Business:

1045 WEST 23RD STREET
HIALEAH, FL 33010

Current Mailing Address:

C/O LOPEZ ACCOUNTING
3408 W 84TH ST STE 106
HIALEAH, FL 33018 US

FEI Number: 65-0757866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURIAS, ELIA
9044 NW 174TH LN
MIAMI LAKES, FL 33018 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 MURIAS, ELIA

Address 9044 NW 174TH LN

City-State-Zip: MIAMI LAKES FL 33018

Title VP

Name MURIAS RAMOS, ALBERTO JR

Address 20825 RALSTON ST.

City-State-Zip: ORLANDO FL 32833

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: ELIA MURIAS

PRES

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date