

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003613

FILED
Apr 08, 2005
Secretary of State

Entity Name: SENIOR HEALTH MANAGEMENT CORPORATION

Current Principal Place of Business:

2400 LAS GALLINAS AVENUE, SUITE 135
SAN RAFAEL, CA 94903

New Principal Place of Business:

60 E. SIR FRANCIS DRAKE BLVD.
SUITE 210
LARKSPUR, CA 94939

Current Mailing Address:

2400 LAS GALLINAS AVENUE, SUITE 135
SAN RAFAEL, CA 94903

New Mailing Address:

60 E. SIR FRANCIS DRAKE BLVD.
SUITE 210
LARKSPUR, CA 94939

FEI Number: 88-0221568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKUSFELD, HERSH
Address: 2400 LAS GALLINAS AVENUE, SUITE 135
City-St-Zip: SAN RAFAEL, CA 94903

Title: VS () Delete
Name: TALBOTT, CAROLINE
Address: 2400 LAS GALLINAS AVENUE, SUITE 135
City-St-Zip: SAN RAFAEL, CA 94903

Title: T () Delete
Name: HABER, GARY
Address: 2400 LAS GALLINAS AVENUE, SUITE 135
City-St-Zip: SAN RAFAEL, CA 94903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARKUSFELD, HERSH
Address: 60 E. SIR FRANCIS DRAKE BLVD., STE 210
City-St-Zip: LARKSPUR, CA 94939

Title: VS (X) Change () Addition
Name: TALBOTT, CAROLINE
Address: 60 E. SIR FRANCIS DRAKE BLVD., STE 210
City-St-Zip: LARKSPUR, CA 94939

Title: T (X) Change () Addition
Name: HABER, GARY
Address: 60 E. SIR FRANCIS DRAKE BLVD., STE 210
City-St-Zip: LARKSPUR, CA 94939

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLINE TALBOTT

VS

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date