

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90033 025 \*\*\*\*70.00

**DOCUMENT # N27116**

1. Entity Name

**SENIOR L.I.F.T. CENTER, INC.**

Principal Place of Business

Mailing Address

8505 MILLS DR., R-4  
 TOWN & COUNTRY CENTER  
 MIAMI FL 33183  
 US

8505 MILLS DR., R-4  
 TOWN & COUNTRY CENTER  
 MIAMI FL 33183  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1028335**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POZEN, IRA**  
**9130 S. DADELAND BLVD.**  
**SUITE 1129**  
**MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PIERSON, JERRY G</b>
STREET ADDRESS	<b>10000 SW 147TH COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33196</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SANDS, JEANNE</b>
STREET ADDRESS	<b>6841 SW 147 AVE 3-E</b>
CITY-ST-ZIP	<b>MIAMI FL 33193</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SHEPARD, ROBERT</b>
STREET ADDRESS	<b>12929 SW 64TH COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SEGURA, PAUL</b>
STREET ADDRESS	<b>11060 SW 57 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STERN, MARY</b>
STREET ADDRESS	<b>8453 SW 137TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KINGSLEY, JOAN</b>
STREET ADDRESS	<b>2820 S.W. 120 ROAD</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dobbs, Ruth H.</b>
STREET ADDRESS	<b>8000 SW 108 Street</b>
CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Segura, Paul</b>
STREET ADDRESS	<b>11060 SW 57 Street</b>
CITY-ST-ZIP	<b>Miami, FL 33173</b>
TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Loeffler, Mary Jane</b>
STREET ADDRESS	<b>14828 SW 124 Court</b>
CITY-ST-ZIP	<b>Miami, FL 33186</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Goodson, Virginia</b>
STREET ADDRESS	<b>10900 SW 68 Avenue Road</b>
CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>
STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>Same</b>
TITLE	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>
STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>Same</b>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ruth H. Dobbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

305 598-3000

Date

Daytime Phone #

CR2E037 (9/01)