

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90030 033 \*\*\*\*61.25

**DOCUMENT # N27116**

1. Entity Name  
**SENIOR L.I.F.T. CENTER, INC.**



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

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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-1028335**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUDSON, RUTH E	
STREET ADDRESS	10825 SUN 12AVE # 110	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEQURA, PAUL	
STREET ADDRESS	371 WEST PARK DR #8	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOEFFLER, MARY J	
STREET ADDRESS	14828 SW 124 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODSON, VIRGINIA	
STREET ADDRESS	10900 SW 68 AVE RD	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, MARY	
STREET ADDRESS	8453 SW 137TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEQURA, PAUL	
STREET ADDRESS	11060 SW 57 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUERITE LABORANTI	
STREET ADDRESS	371 W PARK DR #8	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURIEL WHITING	
STREET ADDRESS	18203 SW 143 PL	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN GREEN	
STREET ADDRESS	10420-6 SW 153 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 E Hudson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/04 305 598-3000