

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27116

FILED  
May 05, 2009  
Secretary of State

Entity Name: SENIOR L.I.F.T. CENTER, INC.

**Current Principal Place of Business:**

12480 SW 127 AVENUE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12480 SW 127 AVENUE  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 65-1028335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

POZEN, IRA  
9130 S. DADELAND BLVD.  
TWO DATRAN CENTER  
MIAMI, FL 33156 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: IRA POZEN

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUDSON, RUTH E  
Address: 10825 SW 112AVE # 110  
City-St-Zip: MIAMI, FL 33176

Title: DVP ( ) Delete  
Name: GREEN, MARILYN  
Address: 10420-6 SW 153 CT  
City-St-Zip: MIAMI, FL 33196

Title: DT ( ) Delete  
Name: GRUBER, SHIRLEY  
Address: 1088 SW 128 AVE  
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete  
Name: SEGURA, PAUL  
Address: 11060 SW 57 STREET  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: GRUBER, SHIRLEY  
Address: 35250 SW 117 COURT, #88  
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH E. HUDSON

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date