

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000076986

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SENIOR HEALTH PLUS, INC.

Current Principal Place of Business:

2320 N.E. SECOND STREET, SUITE 2B
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2320 N.E. SECOND STREET, SUITE 2B
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3665179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANOUSKY, STEVEN
9 TEAK LANE
OCALA, FL 34472 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JANOUSKY, STEVEN
Address: 9 TEAK LANE
City-St-Zip: OCALA, FL 34472

Title: VST () Delete
Name: REYNOLDS, KEVIN
Address: 5015 NE 6TH ST.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEVEN JANOUSKY

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date