2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076986

FILED Apr 20, 2004 Secretary of State

Entity Nam	ne: SENIOR	HEALTH PLUS, INC.			
Current Pr	incipal Place	e of Business:	New Principal Pla	New Principal Place of Business:	
7763 SW H OCALA, FL			2320 NE 2ND STRE OCALA, FL 34470	2320 NE 2ND STREET #2B OCALA, FL 34470	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
7763 SW H OCALA, FL			2320 NE 2ND STRE OCALA, FL 34470	EET #2B	
FEI Number:	59-3665179	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JANOUSKY 9 TEAK LAI OCALA, FL The above in the State	NE 34472 Us named entity		urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	:E:				
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (JANOUSKY, S 9 TEAK LANE OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VST (REYNOLDS, K 5015 NE 6TH S OCALA, FL 34	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KEVIN M. REYNOLDS **VST** 04/20/2004