## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000076986

Entity Name: SENIOR HEALTH PLUS, INC.

FILED Jun 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2320 NE 2ND STREET #2B OCALA, FL 34470

Current Mailing Address: New Mailing Address:

2320 NE 2ND STREET #2B 5488 SE 35TH LOOP OCALA, FL 34470 OCALA, FL 34471

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 of New Registered Agent:

JANOUSKY, STEVEN REYNOLDS, KEVIN
9 TEAK LANE 5488 SE 35TH LOOP
OCALA, FL 34472 US OCALA, FL 34471 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: KEVIN REYNOLDS 06/24/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 JANOUSKY, STEVEN
 Name:
 REYNOLDS, KEVIN

 Address:
 9 TEAK LANE
 Address:
 5488 SE 35TH LOOP

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34471

Title: VST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 REYNOLDS, KEVIN
 Name:

 Address:
 5015 NE 6TH ST.
 Address:

 City-St-Zip:
 OCALA, FL 34470
 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: KEVIN REYNOLDS P 06/24/2005