

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076986

Entity Name: SENIOR HEALTH PLUS, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

3300 SW 34TH AVE
SUITE 108
OCALA, FL 34474

New Principal Place of Business:

2340 NE 2ND STREET
SUITE 300
OCALA, FL 34470

Current Mailing Address:

3300 SW 34TH AVE
SUITE 108
OCALA, FL 34474

New Mailing Address:

2340 NE 2ND STREET
SUITE 300
OCALA, FL 34470

FEI Number: 59-3665179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, KEVIN
5488 SE 35TH LOOP
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, KEVIN
Address: 5488 SE 35TH LOOP
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date