2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P00000076986

Entity Name: SENIOR HEALTH PLUS, INC.

Current Principal Place of Business:

2340 NE 2ND STREET
SUITE 300
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2340 NE 2ND STREET
SUITE 300
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:

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

Name and Address of New Registered Agent:

REYNOLDS, KEVIN
4085 SE 43RD CIRCLE
OCALA, FL 34480 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: 01/21/2008
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: P (X) Change ( ) Addition
Name: REYNOLDS, KEVIN
Address: 4085 SE 43RD CIRCLE
City-St-Zip: OCALA, FL 34480

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 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 01/21/2008
Electronic Signature of Signing Officer or Director — Date