

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90069 004 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038018

1. Entity Name
SENIOR CARE ASSOCIATES GROUP, INC.

Principal Place of Business
125 WEST ROMANA STREET
SUITE 410
PENSACOLA FL 32501
US

Mailing Address
125 WEST ROMANA STREET
SUITE 410
PENSACOLA FL 32501
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 N Palafox St.
Suite, Apt. #, etc.

3. Mailing Address
2 N Palafox St.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3712405

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, SCOTT J
125 WEST ROMANA STREET
SUITE 410
PENSACOLA FL 32501

Name
Street Address (P.O. Box Number is Not Acceptable)
2 N Palafox St.
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, SCOTT J 125 WEST ROMANA STREET, SUITE 410 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLAN, JOHN J JR. 125 WEST ROMANA STREET, SUITE 410 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, DANA R 125 WEST ROMANA STREET, SUITE 410 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, W E 125 WEST ROMANA STREET, SUITE 410 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEVINSKI, RENE 125 WEST ROMANA STREET, SUITE 410 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N Palafox St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 N Palafox St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02 850-432-0150
Date Daytime Phone #

CFR2E034 (9/01)