## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000011591

Entity Name: FLORIDA SENIOR CARE PARTNERS INC

FILED Jan 06, 2012 Secretary of State

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

7856 NW 192 STREET HIALEAH, FL 33015

Current Mailing Address: New Mailing Address:

439 SE PORT ST. LUCIE BLVD. 1931 NW 150 AVE. .

SUITE 103 SUITE264

PORT ST. LUCIE, FL 34984 PEMBROKE PINES, FL 33028

FEI Number: 30-0641604 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:

HACK, JAMAL
439 SE PORT ST. LUCIE BLVD.
1931 NW 150 AVE

SUITE 103 SUITE 264

PORT ST LUCIE, FL 34984 US PEMBROKE PINES, FL 33028 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: JAMAL HACK 01/06/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: HACK, JAMAL

Address: 1931 NW 150 AVE, SUITE 264 City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP

Name: HACK, AYESHA

Address: 1931 NW 150 AVE, SUITE 264 City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR

 Name:
 DE FREITAS, ATEKAH

 Address:
 643 VISTA ISLES DR. # 1812

 City-St-Zip:
 PLANTATION, FL 33325

Title: DIR

Name: HACK, IMRUL

Address: 3260 WINDWARD WAY City-St-Zip: MIRAMAR, FL 33025

Title: DIR

 Name:
 HACK, KHALEEL

 Address:
 6659 NW 70 AVE

 City-St-Zip:
 TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: JAMAL HACK PRES 01/06/2012