

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070552

1. Entity Name

SENIOR CARE MANAGEMENT GROUP, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90050 038 ***150.00

904113



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5813 LAKE BEND AVE TAMPA FL 33614	Mailing Address P.O. BOX 151615 TAMPA FL 33684-1516
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3330309	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, JUSTIN 5813 LAKE BEND AVE TAMPA FL 33614	
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7. Name and Address of New Registered Agent	
Name DIANA M. TORRES	
Street Address (P.O. Box Number is Not Acceptable) 5813 Lake Bend Ave	
City Tampa	FL Zip Code 33614

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 DIANA M. TORRES	(NOTE: Registered Agent signature required when reinstating)	DATE 1/15/01

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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, JUSTIN 5813 LAKE BEND AVE TAMPA FL 33614 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TORRES, DIANA M 5813 LAKE BEND AVE TAMPA FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIANA M. TORRES 5813 LAKE BEND AVE TAMPA FL 33614 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/22/01 (813) 876-9244 Daytime Phone #

CR2E034 (10/00)