

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023958

FILED  
Jan 07, 2006  
Secretary of State

Entity Name: SENIOR CARE SERVICES OF BROWARD, INC.

**Current Principal Place of Business:**

SENIOR CARE SERVICES  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7641 NW 28TH ST  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-0824689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLATER, JOYCE A ESQ  
4300 NORTH UNIVERSITY DRIVE  
SUITE B-100  
LAUDERHILL, FL 33351 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: PD ( ) Delete  
Name: SINGH, MERLE J  
Address: 7641 NW 28TH ST  
City-St-Zip: MARGATE, FL 33063

**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: MERLE J SINGH

PD

01/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date