

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90163 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S72576

1. Corporation Name
SENIOR HOME CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
311 PARK PLACE BLVD.
~~SUITE 225~~
CLEARWATER FL 34619

Mailing Address
~~311 PARK PLACE BLVD.~~
~~SUITE 225~~
~~CLEARWATER FL 34619~~

3. Date Incorporated or Qualified
08/12/1991

4. FEI Number
59-3080333 Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 16120 US 19N

2a. Mailing Address
26 430 Park Place Blvd.

Suite, Apt. #, etc.
27 Suite 600

City & State
23 Clearwater, FL

City & State
28 Clearwater, FL

Zip Country
24 33764 25

Zip Country
29 33759 30

9. Name and Address of Current Registered Agent
LOMBARDI, RITA A.
311 PARK PLACE BLVD.
SUITE 225
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name Rita A. Lombardi
82 Street Address (P.O. Box Number is Not Acceptable) 430 Park Place Blvd.
83 Suite 600
84 City Clearwater FL 85 Zip Code 33759

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Rita A. Lombardi* **Rita A. Lombardi** **2/12/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PIAZZA, STEVEN A | |
| STREET ADDRESS | 311 PARK PLACE BLVD #225 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | DECAMELLA, DAVID | |
| STREET ADDRESS | 311 PARK PLACE BLVD #225 | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | LOMBARDI, RITA A | |
| STREET ADDRESS | 311 PARK PLACE BLVD #225 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PIAZZA, JR. J | |
| STREET ADDRESS | 311 PARK PLACE BLVD SUITE 225 | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PIAZZO, JOHN J SR | |
| STREET ADDRESS | 311 PARK PLACE BLVD, SUITE 225 | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LENTINI, VINCENT J | |
| STREET ADDRESS | 311 PARK PLACE BLVD, SUITE 225 | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Rita A. Lombardi |
| 3.3 STREET ADDRESS | 430 Park Place Blvd., Ste. 600 |
| 3.4 CITY-ST-ZIP | Clearwater, FL 33759 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | John J. Piazza, Sr. |
| 5.3 STREET ADDRESS | 430 Park Place Blvd., Ste. 600 |
| 5.4 CITY-ST-ZIP | Clearwater, FL 33759 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | VPD Vincent J. Lentini |
| 6.3 STREET ADDRESS | 430 Park Place Blvd., Ste. 600 |
| 6.4 CITY-ST-ZIP | Clearwater, FL 33759 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita A. Lombardi* **Rita A. Lombardi** **2/12/99** (727)793-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)