

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72576

FILED
Feb 04, 2010
Secretary of State

Entity Name: SENIOR HOME CARE, INC.

Current Principal Place of Business:

19345 US 19 NORTH
SUITE 500
CLEARWATER, FL 33764 US

Current Mailing Address:

19345 US 19 N
STE. 500
CLEARWATER, FL 33764 US

FEI Number: 59-3080333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSCO, ROBERT
19345 US 19 NORTH STE 500
CLEARWATER, FL 33764 US

New Principal Place of Business:

311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 US

New Mailing Address:

311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 US

Name and Address of New Registered Agent:

MOREL, MITCHEL G
311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 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: MITCHEL G MOREL

02/04/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FUSCO, ROBERT A
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: S
Name: ROSENBERRY, KENTON L
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: T
Name: MOREL, MITCHEL G
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: D
Name: HARMON, MICHAEL P
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: D
Name: LANE, CURTIS S
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: D
Name: PIERCE, ADAM
Address: 311 PARK PLACE BOULEVARD #500
City-St-Zip: CLEARWATER, FL 337593999 US

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: MITCHEL G MOREL

CFO

02/04/2010

Electronic Signature of Signing Officer or Director

Date