

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000051986

**Entity Name:** SENIOR ASSIST HOMECARE CONSULTANTS, INC

**Current Principal Place of Business:**

1304 NOVA PARK COURT  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

PO BOX 702307  
SAINT CLOUD, FL 34770

**FEI Number:** 20-8373968

**Certificate of Status Desired:** No

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

BRUNS, DIANE  
1304 NOVA PARK COURT  
SAINT CLOUD, FL 34771 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DEAGLE, DAVID  
Address 444 WESTGREEN LANE  
City-State-Zip: WESTERVILLE OH 43082

Title VP  
Name BRUNS, THOMAS  
Address 1304 NOVA PARK COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title S  
Name DEAGLE, KATHERINE  
Address 444 WESTGREEN LANE  
City-State-Zip: WESTERVILLE OH 43082

Title T  
Name BRUNS, DIANE  
Address 1304 NOVA PARK COURT  
City-State-Zip: SAINT CLOUD FL 34771

*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:** DIANE BRUNS

**TREASURER**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date