

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000052548

Entity Name: SENIOR CARE PLANNING INC.

Current Principal Place of Business:

410 MONETT AVE
NICEVILLE, FL 32578

Current Mailing Address:

P.O. BOX 1053
NICEVILLE, FL 32588 US

FEI Number: 84-2307689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWE, DAWN M
410 MONETT AVE
NICEVILLE, FL 32578 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 PRES
Name LOWE, DAWN M PRES
Address 410 MONETT AVE
City-State-Zip: NICEVILLE FL 32578

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: DAWN M. LOWE

PRES.

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date