

**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