

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002988

FILED
May 01, 2009
Secretary of State

Entity Name: USA SENIOR CARE NETWORK, INC.

Current Principal Place of Business:

916 S CAPITAL OF TEXAS HIGHWAY
AUSTIN, TX 78746

New Principal Place of Business:

Current Mailing Address:

7301 N 16TH STREET SUITE 201
PHOENIX, AR 85020

New Mailing Address:

FEI Number: 74-2810999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOGLE, GEORGE E
Address: 916 S CAPITAL OF TEXAS HIGHWAY
City-St-Zip: AUSTIN, TX 78746

Title: DP () Delete
Name: BOGLE, G. MICHAEL
Address: 7301 N 16 STREET SUITE 201
City-St-Zip: PHOENIX, AZ 85020

Title: S () Delete
Name: SMITH, DONNA
Address: 916 S CAPITAL OF TEXAS HIGHWAY
City-St-Zip: AUSTIN, TX 78746

Title: AST () Delete
Name: PARKS, SHIRLEY
Address: 730 N 16TH STREET SUITE 201
City-St-Zip: PHOENIX, AZ 85020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY PARKS

ASS

05/01/2009

Electronic Signature of Signing Officer or Director

Date