

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F93000005535 (0)

95 FEB -8 AM 8:43

1. Corporation Name

PARKSIDE SENIOR SERVICES, INC.

Principal Place of Business

Mailing Address

**205 W. TOUHY AVE.
PARK RIDGE IL 60068**

**205 W. TOUHY AVE.
PARK RIDGE IL 60068**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

03/16/1994

4. FEI Number

36-3907319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, MICHAEL S	1.2 NAME	
STREET ADDRESS	205 W. TOUHY AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARK RIDGE IL	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	MATSAKIS, ELIAS N	2.2 NAME	
STREET ADDRESS	500 W. MADISON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60681-2511	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MATEGRAND, KATHLEEN	3.2 NAME	
STREET ADDRESS	205 W. TOUHY AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARK RIDGE IL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. McCarthy

1-23-95

(708) 698-8503

DATE

Telephone Number