

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90379 001 \*\*\*150.00  
 07-16-2002 90379 002 \*\*\*\*43.75

**DOCUMENT # L63666**

1. Entity Name  
**SENIOR CARE CONSULTANT'S INC.**

Principal Place of Business

4600 SW 43RD AVE  
 FT. LAUDERDALE FL 33314  
 US

Mailing Address

4600 SW 43RD AVE  
 FT. LAUDERDALE FL 33314  
 US

2. Principal Place of Business

4600 SW 43rd Ave

3. Mailing Address

4600 SW 43rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, F

City & State

Dania Beach, FL

4. FEI Number

65-0182837

Applied For

Not Applicable

Zip

33314

Country USA

Zip

33314

Country USA

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEWIS, SARA G.  
 4600 SW 43RD AVE  
 FT. LAUDERDALE FL 33314

Satterfield, Sara J.  
 4600 SW 43rd Ave  
 Dania Beach, FL  
 33314  
 USA

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SARA J. Satterfield

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7.12.02 SSS  
 7.19.02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

X

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME LEWIS, SARA G.  
 STREET ADDRESS 4600 SW 43RD AVE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director  
 NAME Satterfield, Sara J.  
 STREET ADDRESS Dania Beach FL 33314  
 CITY-ST-ZIP 4600 SW 43rd Ave

TITLE VP  
 NAME Satterfield, Ronald J.  
 STREET ADDRESS 4600 SW 43rd Ave  
 CITY-ST-ZIP Dania Beach FL 33314

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.12.02 SSS  
 7.19.02 954.327.8567

CR2E034 (4/02)

Attachment  
DOC # 223666

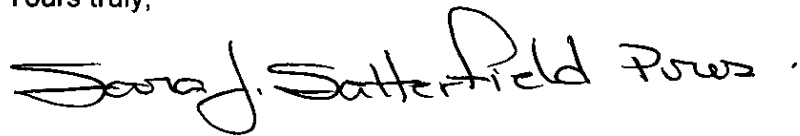
97392

July 12, 2002

Department of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Please waive the \$400.00 late fee for this filing. We did not receive the initial paperwork and are filing with your second notice. Payment of the \$150.00 fee is enclosed. Thank you.

Yours truly,



Sara J. Satterfield  
President, Senior Care Consultants, Inc.  
4600 SW 43rd Avenue  
Dania Beach, Florida 33314

Attachment

Doc# L63666

97392

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

Senior Care Consultants, Inc.  
(present name)

L63666  
(Document Number of Corporation (If known))

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

6. Sara J. Satterfield (married name)

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Attachment  
DOC # 163444

97392

7.12.02

THIRD: The date of each amendment's adoption: 7.12.02 SJS

FOURTH: Adoption of Amendment(s) (CHECK ONE)

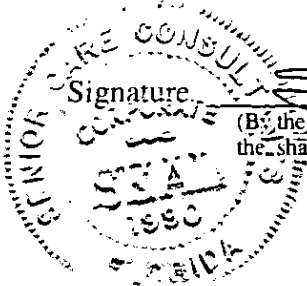
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient

for approval by \_\_\_\_\_  
voting group

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 12 day of July, 2002.



Signature

Sara J. Satterfield President  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Attachment  
DOC# L12tetete

(STATE FILE NUMBER)

DATE RETURNED: **AUG 30 2000**

RECORDED: BOOK **334**.. PAGE **2913**.

ED KENNEDY , CLERK OF COURT

BY **RL**.. DEPUTY CLERK

ML-CE-00-007749

APPLICATION NUMBER

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>RONALD JAMES SATTERFIELD</b>			2. DATE OF BIRTH (Month, Day, Year) <b>AUG 16, 1942</b>			
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>FT LAUDERDALE</b>		3b. COUNTY <b>BROWARD</b>		3c. STATE <b>FLORIDA</b>		
5a. BRIDE'S NAME (First, Middle, Last) <b>SARA JANE LEWIS</b>			5b. MAIDEN SURNAME (If different) <b>GRITH</b>		6. DATE OF BIRTH (Month, Day, Year) <b>JUL 07, 1945</b>	
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>FT LAUDERDALE</b>		7b. COUNTY <b>BROWARD</b>		7c. STATE <b>FLORIDA</b>		
				8. BIRTHPLACE (State or Foreign Country) <b>MASSACHUSETTS</b>		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ronald James Satterfield</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>AUG 07, 2000</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Sara Jane Lewis</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>AUG 07, 2000</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>BROWARD</b>		18. DATE LICENSE ISSUED <b>AUG 07, 2000</b>		18a. DATE LICENSE EFFECTIVE <b>AUG 10, 2000</b>		19. EXPIRATION DATE <b>OCT 08, 2000</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>				20b. TITLE <b>DEPUTY CLERK</b>		20c. BY D.C.	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>August 20, 2000</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Fort Lauderdale, Florida 33314</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) <b>3150 Salt Ocean Drive #110 Ft. Lauderdale, FL 33305</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>CHRISTINA RESTAURI Notary Public, State of Florida Commission No. CC 598973 My Commission Expires 10/29/2000</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

BROWARD COUNTY, FLORIDA  
I certify this document to be a true  
and correct copy of the original.  
WITNESS MY HAND AND SEAL  
**AUG 30 2000**  
on *[Signature]* Clerk  
BY *[Signature]* D.C.  
(original signature only)