

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013158

FILED
Apr 10, 2009
Secretary of State

Entity Name: SENIOR CARE INSTITUTE, INC.

Current Principal Place of Business:

2015 CENTRE POINTE BLVD.
SUITE 105
TALLAHASSEE, FL 32308

New Principal Place of Business:

1400 VILLAGE SQ BLVD
3-185
TALLAHASSEE, FL 32312

Current Mailing Address:

1400 VILLAGE SQ BLVD
3-185
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 16-1780785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOTWELL, C
1400 VILLAGE SQ BLVD
3-185
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIERRO, V
Address: 1400 VILLAGE SQ BLVD 3-185
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: SHOTWELL, C
Address: 1400 VILLAGE SQ BLVD 3-185
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ROBERTS, B
Address: 1400 VILLAGE SQUARE BLVD 3-185
City-St-Zip: TALLAHASSEE, FL 32312

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C SHOTWELL

SD

04/10/2009

Electronic Signature of Signing Officer or Director

Date