


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N34960 1. Entity Name THE SENIORS CARE FOUNDATION, INC.	
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Principal Place of Business % STEPHEN C. LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address % STEPHEN C. LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137
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02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0154991	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GANZ, ELLIE
STREET ADDRESS	1000 E. ISLAND LVD., #3003
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	CHASKES, TAMARA
STREET ADDRESS	2875 NE 191 ST, SUITE 800
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	D
NAME	SMITH, HARRY
STREET ADDRESS	4200 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	D
NAME	SEGAL, MIKE
STREET ADDRESS	201 S. BISCAYNE BLVD, #3000
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	DS
NAME	LANDE, STEPHEN C
STREET ADDRESS	4200 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL 33137

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03/14/05-80108-013 70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

4/16/05 718-866-8823