

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41070 (6)

1. Corporation Name

SENIORCARE NETWORK, INC.



Principal Place of Business

1700 N 47 AVE
HOLLYWOOD FL 33021

Mailing Address

1700 N 47 AVE
HOLLYWOOD FL 33021

2. Principal Place of Business

21 1000 NE 14TH AVE

Suite, Apt. #, etc.

22 #203

City & State

23 HALLANDALE FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 P.O. Box 6314

Suite, Apt. #, etc.

27 -

City & State

28 HOLLYWOOD FL

Zip

29 33081

Country

30 USA

3. Date Incorporated or Qualified

12/03/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0238077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAVLIN, SANDRA
1700 N 47 AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

TAVLIN SANDRA

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

1000 NE 14TH AVE #203

83

84 City

HALLANDALE

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STEVE TAVLIN
STREET ADDRESS 822 N. 31 ROAD
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME SD
LEFF, NATHAN
STREET ADDRESS 3222 CLEVELAND ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME D
TAVLIN, SANDRA
STREET ADDRESS 1700 NORTH 47TH AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1000 NE 14TH AVE #203
HALLANDALE FL 33009

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), 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; 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Sandra Tavlin, Pres. SANDRA TAVLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

9544548486

Daytime Phone #

CR2E037 (12/95)