

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JUN -8 AM 11:09

DOCUMENT # N94000001594 (0)

1. Corporation Name

ELDERCARE GUARDIANSHIP, INC.

Principal Place of Business

Mailing Address

7441 NW 4 ST  
PLANTATION FL 33317

7441 NW 4 ST  
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/28/1994

3a. Date of Last Report

4. FEI Number  
65-0485424

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

\$68.75 Supplemental  
Fee Not Required

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 1304 S.W. 160TH AVE

26 1304 S.W. 160TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #363

27 #363

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Zip

24 33326

29 33326

Country

Country

25 U.S.

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW OFFICES OF STUART R. MORRIS, P.A.  
1489 W PALMETTO PARK RRD  
SUITE 497  
BOCA RATON FL 33486

81 Name

MORRIS & WEISS

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

92000 GLADES ROAD

83

SUITE 412

84 City

BOCA RATON

FL

85 Zip Code

33431

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

STUART R. MORRIS, Pres. G.P.

5-8-95

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                        |
|----------------|----------------------------------------|
| TITLE          | D                                      |
| NAME           | STROMER, MONA                          |
| STREET ADDRESS | 7441 NW 4 ST                           |
| CITY, ST, ZIP  | PLANTATION FL 33317                    |
| TITLE          | D                                      |
| NAME           | CURTIS, VIVIAN                         |
| STREET ADDRESS | 1304 SW 160th Ave, #363                |
| CITY, ST, ZIP  | PLANTATION FL 33317, Sunrise, FL 33326 |
| TITLE          | D                                      |
| NAME           | Tammie Hofer                           |
| STREET ADDRESS | 1304 SW 160th Avenue, Suite 363        |
| CITY, ST, ZIP  | Sunrise, Florida 33326                 |
| TITLE          | D                                      |
| NAME           | Richard Curtis                         |
| STREET ADDRESS | 1304 SW 160th Avenue, Suite 363        |
| CITY, ST, ZIP  | Sunrise, Florida 33326                 |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY, ST, ZIP  |                                        |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY, ST, ZIP  |                                        |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS | 800001513638                                                      |
| 24 CITY, ST, ZIP  | -06/15/95--01035--015                                             |
| 31 TITLE          | ***130.00 ***130.00                                               |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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, 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:

Vivian Curtis Board of Directors 4/12/95 (315) 384-1841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR