

2000 UNIFORM BUSINESS REPORT (UBR)

3.

DOCUMENT # N94000003606

1. Entity Name

GETTING WELL SENIOR, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

03-10-2000 90014 041 ****61.50

| | | | |
|-------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|---------|
| Principal Place of Business 933 BRADSHAW TERRACE ORLANDO FL 32806 US | | Mailing Address 933 BRADSHAW TERRACE ORLANDO FL 32806-1209 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PENNEY, ROSALIND 1858 TREMONT LA WINTER PARK FL 32792 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 933 Bradshaw Terr. City Orlando FL Zip Code 32806 | |

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, ADELAIDE E 1049 PRINCEWOOD DRIVE ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Becker, Jasper B. 933 Bradshaw Terr Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRIGHAM, DEIRDRE D 700 EUCLID AVENUE ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. Pres. Sp Douglass, Spencer 933 Bradshaw Terr. Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENNEY, ROSALIND B 1658 TREMONT LN WINTER PARK FL 32792 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec/Treas Penney, Rosalind B. 933 Bradshaw Terr Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Rosalind B. Penney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

Date

407.426.8662

Daytime Phone #

CR2E037 (9/99)