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May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000006216 (5)

1. Corporation Name

U. S. SENIOR HEALTH CARE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~6144 CENTRAL AVENUE~~
~~ST. PETERSBURG FL 33707~~
~~US~~

~~P.O. BOX 40067~~
~~ST. PETERSBURG FL 33743~~

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3284319

Applied For

Not Applicable

2. Principal Place of Business

21 6100 Hollywood Blvd

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 305

27

City & State

City & State

23 Hollywood, Fl

28

Zip

Country

Zip

Country

24 33024

25 Broward

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THOMPSON, DAVID A~~
~~6144 CENTRAL AVE~~
~~ST. PETERSBURG FL 33707~~

81 Name

Patsy Addison

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

6100 Hollywood Blvd Suite 305

83

84 City

Hollywood

FL

85 Zip Code
33024

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

5/4/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ADDISON, PATSY
STREET ADDRESS 6100 HOLLYWOOD BLVD., #305
CITY-ST-ZIP HOLLYWOOD FL 33024

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BREIT, RICHARD H
STREET ADDRESS 3111 STIRLING ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME VICKI JO BOWEN
STREET ADDRESS 5701 CODY STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Tubman Cold

4-21-98

956-989-1881

CR2E037 (1097)