

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90077 034 ****61.25

0017360

DOCUMENT # N94000006216

1. Entity Name

U. S. SENIOR HEALTH CARE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6100 HOLLYWOOD BLVD
 #305
 HOLLYWOOD FL 33024
 US**

**6100 HOLLYWOOD BLVD
 SUITE 305
 HOLLYWOOD FL 33024
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3284319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADDISON, PATSY
 6100 HOLLYWOOD BLVD
 SUITE 305
 HOLLYWOOD FL 33024**

Name

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

City

FL

Zip Code

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE **D** ☒ Change ☐ Addition
 NAME **RICHARD H. BREIT**
 STREET ADDRESS **2710 W. OAKLAND PK BLVD #230**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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 this report, with all other like employment.

SIGNATURE:

Patsy Addison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 954-989-1888
 Date Daytime Phone #

CR2E037 (9/01)