

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006216

FILED
Apr 27, 2004
Secretary of State**Entity Name:** U. S. SENIOR HEALTH CARE ASSOCIATION, INC.**Current Principal Place of Business:**4833 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063 US**New Principal Place of Business:****Current Mailing Address:**4833 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063 US**New Mailing Address:****FEI Number:** 59-3284319**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARFOE, JOHN
4833 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MARFOE, JOHN
Address: 4833 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063**Title:** D () Delete
Name: BREIT, RICHARD H
Address: 150 NORTH UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324**Title:** D () Delete
Name: BOWEN, VICKI JO
Address: 5701 CODY STEET
City-St-Zip: HOLLYWOOD, FL 33021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARFOE

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date