


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 013 ****61.25

DOCUMENT # N94000006216		
1. Entity Name U. S. SENIOR HEALTH CARE ASSOCIATION, INC.		

Principal Place of Business 4833 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 US	Mailing Address 4833 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 US
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40109700



2. Principal Place of Business - No P.O. Box # 2700 W. Cypress Creek Rd Suite, Apt. #, etc. Suite A106	3. Mailing Address 2700 W. Cypress Creek Rd Suite, Apt. #, etc. Suite A106
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03232007 Chg-NP CR2E037 (12/06)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33309	Zip 33309
Country USA	Country USA

4. FEI Number 59-3284319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARFOE, JOHN 4833 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 <i>DELETE</i>	
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7. Name and Address of New Registered Agent Name: Vicki Bowen Street Address (P.O. Box Number is Not Acceptable): 5701 Cody St City: HOLLYWOOD FL Zip Code: 33021	
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>V. Bowen</i> DATE: 4/17/07	
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**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARFOE, JOHN 4833 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREIT, RICHARD H 150 NORTH UNIVERSITY DRIVE PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, VICKI JO 5701 CODY STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lois Feldman 1483 ESTUARY TRAIL DELRAY BEACH, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: <i>Vicki Bowen</i>	4/17/07 954-633-1701