

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006216

FILED
May 01, 2008
Secretary of State

Entity Name: U. S. SENIOR HEALTH CARE ASSOCIATION, INC.

Current Principal Place of Business:

2700 W. CYPRESS CREEK RD.
SUITE A106
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2700 W. CYPRESS CREEK RD.
SUITE A106
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-3284319 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWEN, VICKI
5901 COPY STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

BOWEN, VICKI
5901 CODY STREET
HOLLYWOOD, FL 33021 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELDMAN, LOIS
Address: 1483 ESTUARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BREIT, RICHARD H
Address: 150 NORTH UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: PD () 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 exemption stated 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 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: LOIS FELDMAN

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date