2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90361 044 ****61.25

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4833 Coconut Creek Suite, Apt. #, etc. PARKWAY	4833 Coconut Creek Suite, Apt. #, etc. PARKWAY
City & State: Coconut Creek, FL.	City & State: Coconut Creek, FL.
Zip: 33063 Country: Broward	Zip: 33063 Country: Broward

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: JOHN MARFOE Street Address (P.O. Box Number is Not Acceptable): 4833 Coconut Creek PARKWAY City: Coconut Creek FL Zip Code: 33063

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADDISON, PATSY 6100 HOLLYWOOD BLVD., #305 HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN MARFOE 4833 Coconut Creek Parkway Coconut Creek, FL. 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREIT, RICHARD H 2710 W OAKLAND PK BLVD #230 FORT LAUDERDALE, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD Breit 150 North University Drive Ste #200 Plantation, FL. 33324	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWEN, VICKI JO 5701 CODY STEET HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICKI JO Bowen 5701 Cody STREET Hollywood, FL 33021	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 an address, with all other like empowered.

SIGNATURE: _____ JOHN MARFOE 4/30/03 954-633-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #