



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90087 031 ***150.00

DOCUMENT # P00000065336 1. Entity Name SENIOR LIFE AND HEALTH, INC.					
Principal Place of Business 8192 COLLEGE PKWY #21 FT. MYERS FL 33919			Mailing Address 8192 COLLEGE PKWY #21 FT. MYERS FL 33919		
2. Principal Place of Business 8192 College Pkwy Suite, Apt. #, etc. # 4		3. Mailing Address 8192 College Pkwy Suite, Apt. #, etc. # 4		 MOORE CR2E034 (11/03)	
City & State Ft. Myers, Fla. Zip 33919		City & State Ft. Myers, Fla. Zip 33919		4. FEI Number 65-1017640	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTERT, CAROL 8192 COLLEGE PKWY #21 FT. MYERS FL 33919				7. Name and Address of New Registered Agent Name Roter, CAROL Street Address (P.O. Box Number is Not Acceptable) 8192 College Pkwy # 4 City Ft. Myers FL Zip Code 33919	
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 <u><i>Carol Roter</i></u> <i>per</i> 1.23.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROTERT, CAROL 3626 S.E 2ND PL. CAPE CORAL FL 33904	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 607, 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: <u><i>Carol Roter</i></u> <i>per</i> CAROL Roter, per. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1.23.04		Daytime Phone # 239-433-7799