

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088504

Entity Name: PAT-BRAN SENIOR CARE, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5030 NW 74TH AVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

5030 NW 44TH AVE
COCONUT CREEK, FL 33073

Current Mailing Address:

5030 NW 74TH AVE
COCONUT CREEK, FL 33073

New Mailing Address:

5030 NW 44TH AVE
COCONUT CREEK, FL 33073

FEI Number: 65-1039543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, PATRICA
5030 NW 44TH AVE
COCONUT CREEK, FL 33073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: MORRIS, PATRICIA
Address: 5030 NW 44TH AVE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MORRIS

ADM

04/30/2009

Electronic Signature of Signing Officer or Director

Date