

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000031690

1. Entity Name
SENIORBRIDGE FAMILY COMPANIES (FL), INC.



Principal Place of Business
6454 NW 5TH WAY
FORT LAUDERDALE, FL 33309

Mailing Address
830 THIRD AVENUE
5TH FLOOR, ACCT. DEPT.
NEW YORK, NY 10022



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1096853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOSNOW, LAWRENCE I
6454 NW 5TH WAY
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000316704
04/19/05-80085-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SOSNOW, LAWRENCE I
830 3RD AVENUE 5TH FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CFO
PIKE, TERRI
830 3RD AVENUE, 5TH FLOOR
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRI PIKE

Date

4/12/05

Daytime Phone #

(212) 994-6000