

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90069 004 ***158.75

DOCUMENT # P01000038018

1. Entity Name

SENIOR CARE ASSOCIATES GROUP, INC.

Principal Place of Business

125 WEST ROMANA STREET
SUITE 410
PENSACOLA FL 32501
US

Mailing Address

125 WEST ROMANA STREET
SUITE 410
PENSACOLA FL 32501
US



2. Principal Place of Business

2 N. Palafox St.
 Suite, Apt. #, etc.

3. Mailing Address

2 N. Palafox St.
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3712405

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELL, SCOTT J**125 WEST ROMANA STREET****SUITE 410****PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

2 N. Palafox St.

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BELL, SCOTT J**
 STREET ADDRESS **125 WEST ROMANA STREET, SUITE 410**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **TOLAN, JOHN J JR.**
 STREET ADDRESS **125 WEST ROMANA STREET, SUITE 410**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **FOSTER, DANA R**
 STREET ADDRESS **125 WEST ROMANA STREET, SUITE 410**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TREHERN, W E**
 STREET ADDRESS **125 WEST ROMANA STREET, SUITE 410**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SLEVINSKI, RENE**
 STREET ADDRESS **125 WEST ROMANA STREET, SUITE 410**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☒ Change ☐ Addition
 NAME **2 N. Palafox St.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 850-432-0150

CR2E034 (9/01)