2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 8:00 am **Secretary of State DOCUMENT # P01000038018** 01-31-2005 90053 019 ***158.75 SENÍOR CARE ASSOCIATES GROUP, INC. Principal Place of Business Mailing Address 2 N. PALAFOX ST. 2 N. PALAFOX ST. PENSACOLA, FL 32502 PENSACOLA, FL 32502 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3712405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCRORY, SONDRA Street Address (P.O. Box Number is Not Acceptable) 2 N. PALAFOX ST. PENSACOLA, FL -32501 City 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 fam the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE BELL, SCOTT J NAME NAME STREET ADDRESS 2 N. PALAFOX STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP TD ☐ Detete ☐ Addition TOLAN, JOHN J JR. NAME NAME STREET ADDRESS 2 N. PALAFOX ST. STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32502 CITY-ST-7IP Change SD Delete TITLE Addition TITLE 2 N. Palafox Street FOSTER, DANA R NAME NAME STREET ADDRESS 22502 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL -32501-TITLE ☐ Delete TITLE TREHERN W.F. NAME NAME 2 N PALAFOX ST. STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32502 CITY-ST-77P CITY-ST-7IP ☐ Delete TITI F ☐ Addition TIME ☐ Change NAME SLEVINSKI, RENE NAME 2 N PALAFOX ST. STREET ADDRESS STREET ADDRESS

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 rry 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

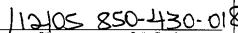
TITLE

NAME

PENSACOLA, FL 32502

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete



Change

☐ Addition

FILED