

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038018

FILED
Mar 01, 2006
Secretary of State

Entity Name: SENIOR CARE ASSOCIATES GROUP, INC.

Current Principal Place of Business:

2 N. PALAFOX ST.
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

2 N. PALAFOX ST.
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-3712405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRORY, SONDR
2 N. PALAFOX ST.
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

SEITH, KIMBERLY A
2 N. PALAFOX ST.
PENSACOLA, FL 32502 US

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: KIMBERLY A. SEITH

03/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELL, SCOTT J
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: TD () Delete
Name: TOLAN, JOHN J JR.
Address: 2 N. PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502 US

Title: SD () Delete
Name: FOSTER, DANA R
Address: 2 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: D () Delete
Name: TREHERN, W E
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502 US

Title: D () Delete
Name: SLEVINSKI, RENE
Address: 2 N PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT J. BELL

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date