

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041581

FILED  
Mar 29, 2004  
Secretary of State

Entity Name: SARASOTA ELDER CARE, INC.

## Current Principal Place of Business:

5157 PARK CLUB DR.  
SARASOTA, FL 34235

## New Principal Place of Business:

## Current Mailing Address:

580 SE 13 ST #208  
DANIA, FL 33004

## New Mailing Address:

5157 PARK CLUB DRIVE  
SARASOTA, FL 34235

FEI Number: 65-1098304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRAMER, MARLENE  
200 S. BISCAYNE BLVD. #2000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

BRAMER, MARLENE  
701 BRICKELL AVENUE  
SUITE 2525  
MIAMI, FL 33131 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:

03/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BRAMER, MARLENE  
Address: 580 SE 13 ST #208  
City-St-Zip: DANIA, FL 33004

Title: D ( ) Delete  
Name: HAYES, STEVE  
Address: 580 SE 13 ST #208  
City-St-Zip: DANIA, FL 33004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BRAMER, MARLENE  
Address: 5157 PARK CLUB DRIVE  
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Change ( ) Addition  
Name: SYLVIA, KATHLEEN  
Address: 5157 PARK CLUB DRIVE  
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARLENE BRAMER

D

03/29/2004

Electronic Signature of Signing Officer or Director

Date