

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041581

Entity Name: SARASOTA ELDER CARE, INC.

FILED
Jul 01, 2005
Secretary of State

Current Principal Place of Business:

5157 PARK CLUB DR.
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

5157 PARK CLUB DRIVE
SARASOTA, FL 34235

New Mailing Address:

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
701 BRICKELL AVENUE
SUITE 2525
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: WRIGHT, JAMES
Address: 5157 PARK CLUB DR
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: KATHLEEN SYLVIA

VP

07/01/2005

Electronic Signature of Signing Officer or Director

Date