

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000041581

Entity Name: SARASOTA ELDER CARE, INC.

FILED
Nov 05, 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:

100 SECOND AVE SOUTH
SUITE 901S
SAINT PETERSBURG, FL 33701

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:

SPECTOR GADON AND ROSEN, LLP
360 CENTRAL AVE
SUITE 1550
SAINT PETERSBURG, FL 33701 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: BROOKE MADONNA

11/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Delete
Name: WRIGHT, JAMES
Address: 5157 PARK CLUB DR
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: FLORIDA INSTITUTE OF, R LONG TERM CARE, LLC
Address: 100 SECOND AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

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 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: HARRY DILLON MADONNA

PRES

11/05/2005

Electronic Signature of Signing Officer or Director

Date