

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041581

Entity Name: SARASOTA ELDER CARE, INC.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

5157 PARK CLUB DR.  
SARASOTA, FL 34235

## New Principal Place of Business:

5157 PARK CLUB DR.  
SARASOTA, FL 34235 US

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-1098304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPECTOR GADON AND ROSEN, LLP  
360 CENTRAL AVE  
SUITE 1550  
SAINT PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: MADONNA, HARRY D  
Address: 360 CENTRAL AVE., STE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRA ( ) Delete  
Name: WALKER, CASANDRA  
Address: 5157 PARK CLUB DR  
City-St-Zip: SARASOTA, FL 34235

Title: MGRD ( ) Delete  
Name: HOLT, RICHARD  
Address: 5157 PARK CLUB DR  
City-St-Zip: SARASOTA, FL 34235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MADONNA, HARRY DILLON  
Address: 360 CENTRAL AVE., STE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D (X) Change ( ) Addition  
Name: ADMINISTRATOR,  
Address: 5157 PARK CLUB DR.  
City-St-Zip: SARASOTA, FL 34235 US

Title: D (X) Change ( ) Addition  
Name: DIRECTOR OF NURSING,  
Address: 5157 PARK CLUB DR.  
City-St-Zip: SARASOTA, FL 34235 US

I hereby certify that the information supplied with this filing does not qualify 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: HARRY DILLON MADONNA

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date