


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90004 005 \*\*\*550.00

<b>DOCUMENT # P01000041581</b>		
1. Entity Name <b>SARASOTA ELDER CARE, INC.</b>		

Principal Place of Business <b>5157 PARK CLUB DR. SARASOTA, FL 34235 US</b>	Mailing Address <b>100 SECOND AVE SOUTH SUITE 901S SAINT PETERSBURG, FL 33701 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		c/o 100 Second Avenue South Suite 901 South	
City & State		St. Petersburg, FL 33701	
Zip	Country	Zip	Country

4011111111



07072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1098304</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPECTOR GADON AND ROSEN, LLP 360 CENTRAL AVE SUITE 1550 SAINT PETERSBURG, FL 33701</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Mgr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADONNA, HARRY DILLON		NAME	Madonna	
STREET ADDRESS	360 CENTRAL AVE., STE 1550		STREET ADDRESS	360 Ce	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP	St. Pete	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADMINISTRATOR		NAME		
STREET ADDRESS	5157 PARK CLUB DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR OF NURSING		NAME		
STREET ADDRESS	5157 PARK CLUB DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>HARRY DILLON MADONNA</b>	7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #