

P01000062197

Requester's Name



6400 N. Andrews Avenue, Suite 300  
Ft. Lauderdale, FL 33309

one #

100004700901--3  
-11/30/01--01073--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 PM 3:49

RO change

Examiner's Initials

la

12.20.01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 4, 2001

SENIOR LIFE MANAGEMENT  
6400 N ANDREWS AVE - STE 300  
FT LAUDERDALE, FL 33309

SUBJECT: SENIOR LIFE MANAGEMENT, INC.  
Ref. Number: P01000062197

We have received your document for SENIOR LIFE MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The authorized officer's signature is required in part 5(five) of the form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 901A00063949

RECEIVED  
01 DEC 17 PM 1:16  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Senior Life Management, Inc.

2. The mailing address of the corporation: 6400 N. Andrews Ave.  
Suite 300, Ft. Lauderdale, FL 33309

3. Date of incorporation/qualification: June 21, 2001 Document number: PO1000062197

4. The name and address of the current registered agent and office:  
Michael Rose  
8333 W. McNab Road, Suite 228  
Tamarac, FL 33321

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P.O. Box Not Acceptable)  
Michael Rose  
6400 N. Andrews Ave.  
Suite 300  
Ft. Lauderdale, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Michael S. Rose President 12/10/01  
(Signature of an officer, chairman or vice chairman of the board) (Date)  
Michael S. Rose  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Michael S. Rose 11/26/01  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael S. Rose, President  
(Typed or Printed Name)  
(Capacity)

\*\*\*FILING FEE: \$35.00\*\*\*

Already Paid

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 17 PM 3:48