FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90147 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70028356

DOCUMENT # P01000079644

1. Entity Name
ELDER CHOICE OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
14 EAST GARDEN STREET AUBURN, NY 13021	14 EAST GARDEN STREET AUBURN, NY 13021

2. Principal Place of Business	3. Mailing Address
667 Sun Ray Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State
Zip: 33436 Country: U.S	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1132602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCRIPA, JACQUELINE
667 SUN RAY COURT
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	SCRIPA, JACQUELINE	
STREET ADDRESS	14 EAST GARDEN ST.	
CITY-ST-ZIP	AUBURN, NY 13021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jacqueline Scripa, Pres 3/11/03 561-736-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jacqueline Scripa, Pres