

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 09, 2008
Secretary of State**

DOCUMENT# P02000001969

Entity Name: GAZIT SENIOR CARE, INC.

Current Principal Place of Business:

C/O ALAN J. MARCUS, ESQ.
20803 BISCAYNE BLVD STE 301
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O ALAN J. MARCUS, ESQ.
20803 BISCAYNE BLVD STE 301
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 03-0374739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, ALAN J ESQ.
20803 BISCAYNE BLVD STE 301
AVENTURA, FL 33180 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZMAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VPS () Delete
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VPD () Delete
Name: SEGAL, DORI
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: KATZMAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

Title: PS (X) Change () Addition
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VD (X) Change () Addition
Name: SEGAL, DORI
Address: 1660 NE MIAMI GARDENS DR, SUITE 8
City-St-Zip: N MIAMI BEACH, FL 33179

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: AHARON SOFFER

PS

05/09/2008

Electronic Signature of Signing Officer or Director

_____ Date