2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# P02000001969

Entity Name: GAZIT SENIOR CARE, INC.

Current Principal Place of Business:

1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

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
SUITE 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: P ( ) Delete
Name: KATZMAN, CHAIM
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP ( ) Delete
Name: SOFFER, AHARON
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP ( ) Delete
Name: SEGAL, DORI
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KATZMAN, CHAIM
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SEGAL, DORI
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VCFO ( ) Change (X) Addition
Name: KANOV, SEAN
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 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: AHARON SOFFER VP 07/28/2009

Electronic Signature of Signing Officer or Director Date