2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90017 023 ***150.00

DOCUMENT # P03000018226

1. Entity Name
ELDER CARE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3877 S.W. SAILFISH DR. PALM CITY, FL 34990	3877 S.W. SAILFISH DR. PALM CITY, FL 34990

05092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5811 NE Gulfstream Way	5811 NE Gulfstream Way
Suite, Apt. #, etc. # 4008	Suite, Apt. #, etc. # 4008
City & State Stuart FL	City & State Stuart, FL
Zip 34996 Country USA	Zip 34996 Country USA

4. FEI Number 42-1580316 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAUREL COUCHMAN 3877 S.W. SAILFISH DR. PALM CITY, FL 34990	Name: LAUREL COUCHMAN Street Address (P.O. Box Number is Not Acceptable): 5811 NE Gulfstream Way # 4008 City: Stuart FL Zip Code: 34996

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: Laurel Couchman 5/12/08
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COUCHMAN, LAUREL A 3877 S.W. SAILFISH DR. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COUCHMAN, LAUREL A 5811 NE Gulfstream Way #4008 Stuart, FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COUCHMAN, JACK H 3877 S.W. SAILFISH DR. PALM CITY, FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COUCHMAN, LAUREL A 5811 NE Gulfstream Way # 4008 Stuart, FL 34996	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Laurel Couchman 5/12/08 (772) 215-3147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40103078
#P03000078226

MEMO

Elder Care Solutions

Committed To Caring

5811 NE Gulfstream Way #4008
Stuart, FL 34996
Ph#(772) 215-3147 Fax #(772)225-3708

DATE: **5/11/08**

TO: **Division of Corporations**

FROM: **Laurel Couchman, BSW, CMC**

RE: **Delinquent Annual Report**

I am very sorry this is late but I did not receive notification probably due to my recent divorce and relocation. My accountant reminded me last week that I needed to change the officers of my company because my ex-husband held two positions in my corporation. When I accessed the Division through Sunbiz I became aware that the Annual Report was delinquent.

Attached is my updated Annual Report and annual fee.

Thank you for your help.