

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000021854

1. Entity Name
SENIOR HEALTHCARE CONSULTANTS, INC.



Principal Place of Business
10110 GLENMORE AVE
BRADENTON, FL 34202

Mailing Address
PO BOX 50992
SARASOTA, FL 34232



05172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2315641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FETTERS, RANDALL P
10110 GLENMORE AVENUE
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 6, 2006**

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

TITLE P
NAME FETTERS, RANDALL P
STREET ADDRESS 1040 GLENMORE AVENUE
CITY-ST-ZIP BRADENTON, FL 34202

TITLE ST
NAME FETTERS, LINDA A
STREET ADDRESS 10110 GLENMORE AVENUE
CITY-ST-ZIP BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000575181
08/24/06-80004-011 150.00

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IN THIS SPACE**

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 23, 2006 941-361-2464
Date Daytime Phone #