Apr. 26. 2005 8:45AM HOLDEN RAPPENECKER

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90449 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052808

1. Entity Name
SENIOR CARE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
810 NW 16TH AVE., STE. B GAINESVILLE, FL 32601	5416 SW 97TH TERRACE GAINESVILLE, FL 32608

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15260 N.W. 147th Dr.	15260 N.W. 147th Dr.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Alachua, Fl	City & State: Alachua, FL
Zip: 32615 Country: USA	Zip: 32615 Country: USA

4. FEI Number: 55-0833874 ☐ 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
MCCAULEY, JAMES W ~~810 NW 16TH AVE., STE. B~~ ~~GAINESVILLE, FL 32601~~	Name: Street Address (P.O. Box Number is Not Acceptable): 15260 N.W. 147th Drive Suite 100 City: Alachua FL Zip Code: 32615

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MCCAULEY, JAMES W ~~810 NW 16TH AVE., STE. B~~ ~~GAINESVILLE, FL 32601~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #