2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052808

Entity Name: SENIOR CARE SPECIALISTS, INC.

FILED Apr 23, 2012 Secretary of State

SUITE 100 ALACHUA, FL 32615 FEI Number: 55-0833874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statement Name and Address of Current Registered Agent: MCCAULEY, JAMES W	
SUITE 100 ALACHUA, FL 32615 Current Mailing Address: 15260 NW 147TH DRIVE SUITE 100 ALACHUA, FL 32615 FEI Number: 55-0833874 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: MCCAULEY, JAMES W	
15260 NW 147TH DRIVE SUITE 100 ALACHUA, FL 32615 FEI Number: 55-0833874 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: Name and Address of New Registered MCCAULEY, JAMES W	
SUITE 100 ALACHUA, FL 32615 FEI Number: 55-0833874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statement Name and Address of Current Registered Agent: MCCAULEY, JAMES W	
Name and Address of Current Registered Agent: MCCAULEY, JAMES W Name and Address of New Registered	
MCCAULEY, JAMES W	atus Desired ()
,	d Agent:
15260 NW 147TH DRIVE SUITE 100 ALACHUA, FL 32615 US	
The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida.	ed agent, or both
SIGNATURE:	
Electronic Signature of Registered Agent Date	

Title:

Name: MCCAULEY, JAMES W 15260 NW 147TH DRIVE Address: City-St-Zip: ALACHUA, FL 32615

I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES MCCAULEY D 04/23/2012