


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90003 043 \*\*\*158.75

<b>DOCUMENT # P03000064778</b>	
1. Entity Name <b>SENIOR MEDICAL MANAGEMENT SOLUTIONS INC.</b>	

Principal Place of Business <b>1022 S.W. 37TH TERRACE PALM CITY, FL 349+9-0</b>	Mailing Address <b>1022 S.W. 37TH TERRACE PALM CITY, FL 349+9-0</b>
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**54070379**

2. Principal Place of Business <b>1022 SW 37th Terr</b>	3. Mailing Address <b>1022 SW 37th Terr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08182004 Chg-P CR2E034 (10/03)

City & State <b>Palm City, FL</b>	City & State <b>Palm City, FL</b>
Zip <b>34990</b>	Country <b>USA</b>
Zip <b>34990</b>	Country <b>USA</b>

4. FEI Number <b>80-0077750</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DYE-MAGEE, JANET 1022 S.W. 37TH TERRACE PALM CITY, FL 349+9-0</b>	
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7. Name and Address of New Registered Agent	
Name <b>DYE-MAGEE, JANET</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1022 SW 37th Terrace</b>	
City <b>Palm City</b>	
City <b>FL</b>	Zip Code <b>34990</b>

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: *Janet A Magee* <sup>am</sup> *error* **8/17/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYE-MAGEE, JANET 1022 S.W. 37TH TERRACE PALM CITY, FL 349+90 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janet A Magee* **8/17/04** **772-220-0616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**772-834-5495**

Attachment

To Whom It May Concern,

54070379  
# P03000064778

I am enclosing the annual report for SENIOR MEDICAL MANAGEMENT SOLUTIONS, INC. I was unaware that this was a mandatory report due to the state. I first learned of this when I spoke with a CPA. This is the first year I have had this business. I respectfully request that the fine be waived. I am sure that some sort of notification was sent but, I do not recall receiving anything in the mail. I have included a check for \$158.75. I hope this is adequate.

Thank you for your consideration in this situation.

Sincerely,

Janet B. Magee

Janet Dye-Magee