

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112869

FILED
Jun 03, 2005
Secretary of State

Entity Name: SENIORCARE OF FLORIDA, INC.

Current Principal Place of Business:

355 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Principal Place of Business:

398 FREEMAN STREET
LONGWOOD, FL 32750

Current Mailing Address:

355 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Mailing Address:

398 FREEMAN STREET
LONGWOOD, FL 32750

FEI Number: 20-0727207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM H
355 S. RONALD REAGAN BLVD.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

JOHNSON, WILLIAM H
398 FREEMAN STREET
LONGWOOD, FL 32750 US

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.

SIGNATURE:

06/03/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, WILLIAM H
Address: 355 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: JOHNSON, NANCY C
Address: 355 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

Title: VD () Delete
Name: ARCHIE, ROBERT W
Address: 355 S. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, WILLIAM H
Address: 398 FREEMAN STREET
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: JOHNSON, NANCY C
Address: 398 FREEMAN STREET
City-St-Zip: LONGWOOD, FL 32750

Title: VD (X) Change () Addition
Name: ARCHIE, ROBERT W
Address: 398 FREEMAN STREET
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 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 report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. JOHNSON

PRES

06/03/2005

Electronic Signature of Signing Officer or Director

Date