

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112869

Entity Name: SENIORCARE OF FLORIDA, INC.

FILED  
Feb 17, 2011  
Secretary of State

**Current Principal Place of Business:**

398 FREEMAN STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

398 FREEMAN STREET  
LONGWOOD, FL 32750

**New Mailing Address:**

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  
398 FREEMAN STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSON, WILLIAM H  
Address: 398 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: SD  
Name: JOHNSON, NANCY C  
Address: 398 FREEMAN STREET  
City-St-Zip: LONGWOOD, FL 32750

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

SIGNATURE: WILLIAM H. JOHNSON

PRES

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date