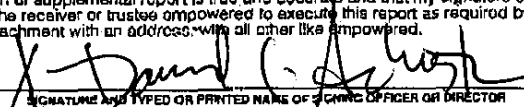


**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90052 015 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |         |                                                                                                                    |                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000127957</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |         |                                                                                                                    |                                                 |  |
| 1. Entity Name<br>ELDERCARE FALL CENTERS OF FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |         |                                                                                                                    |                                                                                                                                  |  |
| Principal Place of Business<br>1041 IVES DAIRY ROAD<br>SUITE 238<br>MIAMI, FL 33179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |         | Mailing Address<br>1041 IVES DAIRY ROAD<br>SUITE 238<br>MIAMI, FL 33179                                            |                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                          |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |         | City & State                                                                                                       |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Country |                                                                                                                    | Zip                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |         |                                                                                                                    | Country                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br>PANZA, THOMAS F<br>3600 NORTH FEDERAL HIGHWAY<br>THIRD FLOOR<br>FORT LAUDERDALE, FL 33308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |         |                                                                                                                    |                                                                                                                                  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D<br>SCHWARTZ, DAVID C PH.D.<br>1041 IVES DAIRY ROAD #238<br>MIAMI, FL 33179 <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                              |         | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |         | 1/5/04 305 770 0377 X203                                                                                           |                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |         | Date Daytime Phone #                                                                                               |                                                                                                                                  |  |

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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0537215 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required