


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90365 001 ***300.00

DOCUMENT # P03000127957 1. Entity Name ELDERCARE FALL CENTERS OF FLORIDA, INC.					
Principal Place of Business 3440 HOLLYWOOD BLVD SUITE 415 HOLLYWOOD, FL 33021			Mailing Address 1101 RICHMOND AVE SUITE 201 POINT PLEASANT BEACH, NJ 08742		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address PO Box 427 Suite, Apt. #, etc. City & State New Egypt, NJ Zip 08533-0427			
4. FEI Number 20-0537215		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PANZA, THOMAS F 3600 NORTH FEDERAL HIGHWAY THIRD FLOOR FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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 _____ <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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAVID C PH.D. 3440 HOLLYWOOD BLVD, # 415 HOLLYWOOD, FL 33021		<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"/> Change <input type="checkbox"/> Addition		
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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 exemptions contained in Chapter 119, 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 information covered.					
SIGNATURE: <i>David Schwartz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/06 (609) 758-5703 <small>Date Daytime Phone #</small>		