


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 043 ***150.00

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 P.O. BOX 427 NEW EGYPT, NJ 08533-0427
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40076282



2. Principal Place of Business - No P.O. Box # 1250 E. HALLANDALE BCH. BLVD.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 806		Suite, Apt. #, etc.	
City & State HALLANDALE BCH, FL		City & State	
Zip 33009	Country USA	Zip	Country

03232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0537215	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

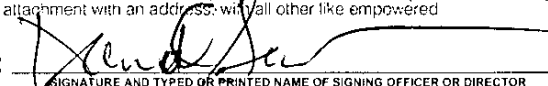
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	TITLE NAME STREET ADDRESS CITY ST ZIP	CHANGE TO PRINCIPAL ADDRESS
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
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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 like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

Daytime Phone: #