

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110980

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** SERENITY CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

57 BAYTREE CIRCLE  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 244601  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 26-0092730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTH, YVONNE  
57 BAYTREE CIRCLE  
BOYNTON BEACH, FL 33418 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FORTH, YVONNE  
Address: 57 BAYTREE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: YVONNE FORTH

D

04/14/2008

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

\_\_\_\_\_ Date