

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063549

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SENSICARE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 38-3738750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KATZ, NAOMI  
17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160 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/T ( ) Delete  
Name: KATZ, NAOMI  
Address: 17027 W DIXIE HWY STE 105  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VP ( ) Delete  
Name: SCHILLE, KIM  
Address: 17027 W DIXIE HWY STE 105  
City-St-Zip: N MIAMI BEACH, FL 33160

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

Title: D/T (X) Change ( ) Addition  
Name: KATZ, NAOMI D/P/T/S  
Address: 17027 W DIXIE HWY STE 105  
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VP (X) Change ( ) Addition  
Name: SCHILLE, KIM VP  
Address: 17027 W DIXIE HWY STE 105  
City-St-Zip: N MIAMI BEACH, FL 33160

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: KIM SCHILLE

VP

04/26/2009

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

\_\_\_\_\_ Date