

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000124935

**Entity Name:** SENIOR CARE OF DESTIN, INC.

**FILED**  
**May 14, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

210 TWO CIRCLE ROAD  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

210 TWO CIRCLE ROAD  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 20-3458469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS & HAWKINS, P.A.  
4475 LEGENDARY DRIVE  
DESTIN, FL 32541 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

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: YEAGER, RANDALL  
Address: 3920 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541

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

Title: PTS (X) Change ( ) Addition  
Name: CRAIN, DYAN  
Address: 210 TWO CIRCLE RD  
City-St-Zip: DESTIN, FL 32541

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: DYAN CRAIN

PTS

05/14/2007

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

\_\_\_\_\_  
Date