

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

03-20-2008 90025 008 ***138.75

FILED P06000018772

08 SEP 23 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000018772

1. Entity Name
SENIOR CARE HOLDINGS, INC.



Principal Place of Business

1240 MARBELLA PLAZA
TAMPA, FL 33619

Mailing Address

1240 MARBELLA PLAZA
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORN, REBCCA G
1240 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

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IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE D
NAME VAUGHAN, DAVID R
STREET ADDRESS 1240 MARBELLA PLAZA
CITY-ST-ZIP TAMPA, FL 33619

TITLE D
NAME KRAMER, MARK
STREET ADDRESS 16 NORCROSS ST SUITE 100
CITY-ST-ZIP ROSWELL, GA 30075

TITLE D
NAME BELLANDE, RALPH II
STREET ADDRESS 12933 W US HWY 42
CITY-ST-ZIP PROSECT, KY 40059

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #



Senior Care Group, Inc.
"Lighting the Way"

September 22, 2008

Department of State
Division of Corporations
Attn. Russell Hunt
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Senior Care Holdings, Inc (Document No. P06000018772)
Senior International Services, Inc. (Document No. P06000031989)

Dear Mr. Hunt:

In follow-up to our telephone conversation, we did not receive the rejection notice on the above referenced corporations. Therefore, enclosed are two checks, each in the amount of \$11.25, for the additional annual fees for the two corporations.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Rebecca Thorn
Senior Vice President