## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018772

City-St-Zip:

PROSEPCT, KY 40059

FILED Mar 20, 2009 Secretary of State

Entity Name: SENIOR CARE HOLDINGS, INC.					
Current P	rincipal Pla	ace of Business:	New Principal Place o	New Principal Place of Business:	
1240MARBELLA PLAZA TAMPA, FL 33619			1240 MARBELLA PLAZ TAMPA, FL 33619	1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619	
Current M	ailing Add	ress:	New Mailing Address	New Mailing Address:	
1240 MARBELLA PLAZA TAMPA, FL 33619			1240 MARBELLA PLAZ TAMPA, FL 33619	1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619	
FEI Number:	83-0454698	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
THORN, REBCCA G 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 US				1240 MARÉELLA PLAZA DRIVE	
	named enti of Florida.	ty submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: DAVID	R. VAUGHAN		03/20/2009	
	Elect	ronic Signature of Registered A	gent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS	S AND DIRI	ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D VAUGHAN, I 1240 MARB TAMPA, FL	ELLA PLAZA	Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D KRAMER, M 16 NORCRO ROSWELL,	DSS ST SUITE 100	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D BELLANDE, 12933 W US		Title: ( Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: DAVID R. VAUGHAN CEO 03/20/2009