

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000056483

1. Entity Name
SENIORCARE FAMILY SERVICES, INC.



Principal Place of Business

2326 KINGS LAKE BLVD.
 NAPLES, FL 34112 US

Mailing Address

2326 KINGS LAKE BLVD.
 NAPLES, FL 34112 US



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4727632	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RINGGOLD, BARBARA
 2326 KINGS LAKE BLVD
 NAPLES, FL 34112

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**

U00000822447
 02/19/08-80066-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINGGOLD, BARBARA 2326 KINGS LAKE BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RINGGOLD, BARBARA 2326 KINGS LAKE BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. RINGGOLD, BARBARA 2326 KINGS LAKE BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RINGGOLD, BARBARA 2326 KINGS LAKE BLVD. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Barbara Ringgold* 2/6/2008 239 2879201