2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07000050351

Entity Name: SENIOR CARE OF LAKE COUNTY, INC.

Current Principal Place of Business:

221 CREPE MYRTLE DRIVE
GROVELAND, FL 347363603

New Principal Place of Business:

971 CORNELL AVE
CLERMONT, FL 34711

Current Mailing Address:

221 CREPE MYRTLE DRIVE
GROVELAND, FL 347363603

New Mailing Address:

971 CORNELL AVE
CLERMONT, FL 34711

FEI Number: 20-8917408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LEGAIR LAW FIRM, P.A.
1601 N PALM AVENUE
SUITE 304A
PEMBROKE PINES, FL 33026 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: P, T ( ) Delete
Name: LETTSOME, ANN E
Address: 221 CREPE MYRTLE DRIVE
City-St-Zip: GROVELAND, FL 34376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change ( ) Addition
Name: LETTSOME, ANN E
Address: 971 CORNELL AVE
City-St-Zip: CLERMONT, FL 34711

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: ANN LETTSOME PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date