

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111041

FILED
Apr 28, 2008
Secretary of State

Entity Name: SENIOR HEALTHCARE SUPPORT INC.

Current Principal Place of Business:

8566 FOREST OAKS BLVD STE. 423
SPRINGHILL, FL 34606

New Principal Place of Business:

13226 SPRING HILL DR
SPRING HILL, FL 34609

Current Mailing Address:

8566 FOREST OAKS BLVD STE. 423
SPRINGHILL, FL 34606

New Mailing Address:

13226 SPRING HILL DR
SPRING HILL, FL 34609

FEI Number: 68-0659436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

COCHENOUR, MICHAEL J V.PRES.
13226 SPRING HILL DR.
SPRING HILL, FL 34609 US

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: MICHAEL J. COCHENOUR

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: COCHENOUR, MICHAEL
Address: 8401 WEATHERFORD AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: P () Delete
Name: SHOLOMITH, JOSEPH
Address: 9851 E THOMAS RD
City-St-Zip: FLORAL CITY, FL 34436

Title: S () Delete
Name: HEUER, JOAN
Address: 9851 E THOMAS RD
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J COCHENOUR

DVP

04/28/2008

Electronic Signature of Signing Officer or Director

Date