

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090361

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** SENIOR CARE OF BRADENTON, INC.

**Current Principal Place of Business:**

6695 CORTEZ ROAD WEST  
BRADENTON, FL 34210

**New Principal Place of Business:**

5506 8TH AVE. DR. W.  
BRADENTON, FL 34209 UN

**Current Mailing Address:**

P O BOX 14068  
BRADENTON, FL 34280

**New Mailing Address:**

P O BOX 14068  
BRADENTON, FL 34280 UN

**FEI Number:** 27-1237332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FOREMAN, MARY K  
6695 CORTEZ ROAD WEST  
BRADENTON, FL 34210 US

**Name and Address of New Registered Agent:**

LETTS, EMILY C  
5506 8TH AVE. DR. W.  
BRADENTON, FL 34209 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: EMILY C LETTS

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LETTS, EMILY C  
Address: P O BOX 14068  
City-St-Zip: BRADENTON, FL 34280 UN

Title: SEC  
Name: LETTS, EMILY C  
Address: PO BOX 14068  
City-St-Zip: BRADENTON, FL 34280 UN

Title: TREA  
Name: LETTS, EMILY C  
Address: PO BOX 14068  
City-St-Zip: BRADENTON, FL 34280 UN

I hereby 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 all other like empowered.

SIGNATURE: EMILY C LETTS

PRES

03/21/2011

Electronic Signature of Signing Officer or Director

Date