

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000011591

FILED
Feb 03, 2011
Secretary of State

Entity Name: FLORIDA SENIOR CARE PARTNERS INC

Current Principal Place of Business:

7856 NW 192 STREET
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

439 SE PORT ST. LUCIE BLVD.
SUITE 103
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 30-0641604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACK, JAMAL
439 SE PORT ST. LUCIE BLVD.
SUITE 103
PORT ST LUCIE, FL 34984 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HACK, JAMAL
Address: 7856 NW 192 STREET
City-St-Zip: HIALEAH, FL 33015

Title: VP
Name: HACK, AYESHA
Address: 7856 NW 192 STREET
City-St-Zip: HIALEAH, FL 33015

Title: DIR
Name: DE FREITAS, ATEKAH
Address: 643 VISTA ISLES DR. # 1812
City-St-Zip: PLANTATION, FL 33325

Title: DIR
Name: HACK, IMRUL
Address: 3260 WINDWARD WAY
City-St-Zip: MIRAMAR, FL 33025

Title: DIR
Name: HACK, KHALEEL
Address: 6659 NW 70 AVE
City-St-Zip: TAMARAC, FL 33321

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: JAMAL HACK

PRES

02/03/2011

Electronic Signature of Signing Officer or Director

Date