

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087555

**Entity Name:** SENIOR CARE MEDICAL, INC.

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1500 W. CYPRESS CREEK ROAD  
SUITE #412  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1500 W. CYPRESS CREEK ROAD  
SUITE #412  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 27-3786830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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: PSTD  
Name: NICKOLOPOULOS, AMY  
Address: 1500 W. CYPRESS CREEK ROAD #412  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: AMY NICKOLOPOULOS

PRES

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date