

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