

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087555

Entity Name: SENIOR CARE MEDICAL, INC.

FILED  
Mar 22, 2012  
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:**

JOSEPH K. NOFIL, P.A.  
8217 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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: JOSEPH K NOFIL

03/22/2012

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

03/22/2012

Electronic Signature of Signing Officer or Director

Date