

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074089

**Entity Name:** SENIOR MEDICAID SOLUTIONS INC.

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5319 AQUA BREEZE DRIVE  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**  
5319 AQUA BREEZE DRIVE  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 45-3041083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MACGLOAN, JOHN W  
5319 AQUA BREEZE DRIVE  
BRADENTON, FL 34208 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: P  
Name: MACGLOAN, JOHN W  
Address: 5319 AQUA BREEZE DRIVE  
City-St-Zip: BRADENTON, FL 34208

Title: VP  
Name: MACGLOAN, MARIA I  
Address: 5319 AQUA BREEZE DRIVE  
City-St-Zip: BRADENTON, FL 34208

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: JOHN MACGLOAN

P

06/12/2012

Electronic Signature of Signing Officer or Director

Date