

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:15

DOCUMENT # P92000000265 (8)

1. Corporation Name

ELDER HEALTH CARE CORP.

Principal Place of Business

1404 E. LAS OLAS, BOX 2224
FORT LAUDERDALE FL 33305

Mailing Address

1404 E. LAS OLAS, BOX 2224
FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

07/27/1994

4. FEI Number

65-0368614

For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under C. 109.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 AS ABOVE

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

24 Zip Country

25

Country

27 Zip Country

28

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAYTON, BENJAMIN L.
105 S. VICTORIA PARK RD
FT. LAUDERDALE FL 33301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

Benjamin L. Brayton

BENJAMIN BRAYTON

6.12.95

(Signature typed in printed name of registered agent and the address)

(NOTE: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

BRAYTON, BENJAMIN L.

105 S. VICTORIA PARK RD.

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

17 NAME

13 STREET ADDRESS

14 CITY ST ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Benjamin L. Brayton

BENJAMIN BRAYTON

6.12.95

(Signature typed in printed name of signing officer or director)

(Date)

(Signature typed in printed name of signing officer or director)