

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000083041 (2)

1. Corporation Name

SENIOR HEALTH SERVICES, INC.



Principal Place of Business

260 WEST SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

260 WEST SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714  
US

3. Date Incorporated or Qualified  
12/06/1993

3a. Date of Last Report  
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3220461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SCALETTA, JOAN L.  
260 WEST SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714

81 Name

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

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

*Joan Scalletta*  
Signature of current or former registered agent and the applicant

*4/20/96*  
Signature of Registered Agent or other person authorized to sign

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BRAITHWAITE, BERNADINE E  
115 ANWOOD ROAD  
PALM HARBOR FL 34685

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SCALETTA, JOAN  
260 WEST SPRINGLAKE DRIVE  
ALTAMONTE FL 32714

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
☒ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP  
☐ Change ☐ Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP  
☐ Change ☐ Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP  
☐ Change ☐ Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP  
☐ Change ☐ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP  
☐ Change ☐ Addition

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 119.07(3)(k), 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 the 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:

*Joan Scalletta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)