


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/7 **FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90025 011 \*\*\*\*50.00  
05-07-2008 90111 012 \*\*\*100.00

DOCUMENT # P94000048490 1. Entity Name SENIOR FOCUS HEALTH SYSTEMS, INC.	
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Principal Place of Business 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33629 US	Mailing Address 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33629 US
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**DO NOT WRITE IN THIS SPACE**

40098889



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3252905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, DAVID R  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUGHAN, DAVID R 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David R. Vaughan \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_