## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011803 (0)

ELDER CARE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**FILED** May 09 1997 8:00am Secretary of State



2. Principal Place of Business 5   2a. Maling Address 6   0i CHAPLOIN DR	650 N TAMIAMI OSPREY FL 34 US		650 N TAMIAMI TR Osprey FL <b>34229-8934</b> US		3. Date incorporated or Qualified		eport
Solid CHARON DR   26   Not CHARON DR   26   Not CHARON DR   27   Solid CHARON DR   27   Solid CHARON   2					02/09/1995	03/04/1996	
Select Appl. # offs:    Select Appl. # offs:				<b>6</b> .		<del></del>	
Secretary   Secr				NA DK.	65-0601325		
DOYON MIS   Country   Ze	22		27		6. Certificate of Status Desired	1 1 7	
9. Name and Address of Current Registered Agent  10. Name and Address of Current Registered Agent  11. Pursant to the processor of Sections 607 6500 and 607 1506, Florida Sibilutes (the above named corporation submits this statement for the purpose of changing his registered agent, or both in the State of Florida Socio-changing was submitted to registered agent, or both in the State of Florida Socio-changing was submitted to registered agent, or both in the State of Florida Socio-changing was submitted to the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Socio-changing was submitted. The above named corporation submits this statement for the purpose of changing for registered agent, or both in the State of Florida Socio-changing was submitted. The above named corporation submits this statement for the purpose of changing for registered agent, or both in the State of Florida Socio-changing was submitted. The above named corporation submits this statement for the purpose of changing for registered agent, or both in the State of Florida Socio-changing was submitted. The above named corporation submits this statement for the purpose of changing for registered agent, or board of directors. The purpose of changing the registered agent agen							
PUSZAKOWSKI, RICK S 411 MAC EMEN DR OSPREY FI. 34229  11. Fyrsuant to tire provisions of Sections 607 0502 and 607 1508, Forda Statutes, the above named concernion submits this statement for the purpose of changing its registered agent, or both, in the Stote of Florida. Such change was authorized by the corporation's obsert of incentive, and accept the objection 607 0505, Florida Statutes. The above named concernion submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the objection of the objection of both in the Stote of Florida. Such change was authorized by the corporation's obsert of incentive, and accept the objection of 07 0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. MAME  PUSZAKOWSKI, RICK S  41 MACE WE'N DR  15. First attends to prevention of department and the depotement. OffIce Reposered Agent signature agented when receiving)  DATE  15. OFFICERS AND DIRECTORS IN 12  16. TITLE  16. DELETE  16. TITLE  16. DELETE  16. TITLE  16. DELETE  16. TITLE  1	24 Zip 342	75 25	29 34275	<u>'</u>	Florida Statutes	Yes No	. 199.032,
## City Not Acceptable    ## City Not Care ## City Not Ca		9. Name and Address of Curr	ent Registered Agent	1271	10. Name and Address of New F	tegistered Agent	
SIGNATURE  2. OFFICERS AND DIRECTORS IN 12 MARCHEN DR  1.5 STREET ADDRESS  SIRRET ADDRESS  SIR	PUS	zakowski, rick s		81 Name			
The 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 are the obligations of Section 607 0505. Florida Statutes.  SIGNAT LIMIT  12.					Address (P.O. Box Number is Not Accept	able)	
11. Projections to the provisions of Sections 607 (502 and 607 1509. Provided Statutes, the above-named concording submits this statement for the purpose of changing its registered agent. Lami familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.    SIGNATURE				84 City	lavanic	E1 85 Zip	Code
office or registrorial 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 and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE  D OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D OFFICERS AND DIRECTORS IN 12  THE D OFFICERS AND DIRECTORS IN 12  THE D OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D	11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	e the shove-named	corporation submits this statement for the	nurnose of changing it	s registered
SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE PUSZAKOWSKI, RICK S 41 MACEWEN DR OSPREY FL OSPR	office or	registered agent or both, in the Sta	ite of Florida. Such change was a	uthorized by the con	poration's board of directors. I hereby acc	ept the appointment as	registered
12	agent. Fa	am familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statutes.			
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14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:** 

SIGNATURE AND TYPED OR PRINTED