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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000011803 (0)

1. Corporation Name

ELDER CARE FINANCIAL SERVICES, INC.



Principal Place of Business

650 N TAMiami TR
OSPREY FL 34229
US

Mailing Address

650 N TAMiami TR
OSPREY FL 34229-8834
US

2. Principal Place of Business

21 101 CHARDIN DR.

Suite, Apt #, etc.

22 City & State

23 NOKOMIS, FL

24 34275

Country

2a. Mailing Address

26 101 CHARDIN DR.

Suite, Apt #, etc.

27 City & State

28 NOKOMIS, FL

29 34275

Country

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

03/04/1996

4. FEI Number

65-0601325

Applied For

Not Applicable

6. 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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PUSZAKOWSKI, RICK S
441 MAC EWEN DR
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

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

101 CHARDIN DR.

83

84 City

NOKOMIS

FL

85 Zip Code
34275

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PUSZAKOWSKI, RICK S
STREET ADDRESS 441 MACEWEN DR
CITY - ST - ZIP OSPREY FL

TITLE D ☐ DELETE

NAME FRAZIER, GEOFFREY
STREET ADDRESS 232 ST JAMES PLACE
CITY - ST - ZIP OSPREY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

101 CHARDIN DR.
NOKOMIS, FL 34275

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

101 CHARDIN DR.
NOKOMIS, FL 34275

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK PUSZAKOWSKI

4/20/97

941-918-0266

Date

Daytime Phone #

CR2E034 (9/96)