

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049214

1. Entity Name

SENIOR HEALTH CARE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90317 010 ***150.00

Principal Place of Business

1532 US HWY 41 N
#H
LUTZ FL 33549
US

Mailing Address

P O BOX 2548
LUTZ FL 33548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3324088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, GARY
18107 WOODCREEK PL
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name **GARY ROSENFELD**
Street Address (P.O. Box Number is Not Acceptable)
6122 REGINA PL.
City **LAND O' LAKES** FL Zip Code **34639**

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.

SIGNATURE

Gary Rosenfeld

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSENFELD, GARY	
STREET ADDRESS	18107 WOODCREEK PL	
CITY-STATE-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLOMON, PHILIP	
STREET ADDRESS	4642 DAVIE RD	
CITY-STATE-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY ROSENFELD	
STREET ADDRESS	6122 REGINA PL	
CITY-STATE-ZIP	LAND O' LAKES, FL. 34639	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Rosenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY ROSENFELD
DP

Date

4/19/01

Daytime Phone #

CR2E034 (10/00)