2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# P95000049214

Entity Name: SENIOR HEALTH CARE, INC.

Current Principal Place of Business:

1532 US HWY 41 N
#H
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2548
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3324088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSENFELD, GARY
6122 REGINA PL
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

ROSENFELD, GARY
6933 COZUMEL CT
LAND O LAKES, FL 34637 US

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 05/16/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ROSENFELD, GARY
Address: 3335 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33542

Title: V ( ) Delete
Name: SOLOMON, PHILIP
Address: 4642 DAVIE RD
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ROSENFELD, GARY
Address: 6933 COZUMEL CT
City-St-Zip: LAND O'LAKES, FL 34637

Title: V (X) Change ( ) Addition
Name: SOLOMON, PHILIP
Address: 3349 N. UNIVERSITY DR SUITE 4
City-St-Zip: DAVIE, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ROSENFELD DP 05/16/2005
Electronic Signature of Signing Officer or Director Date