

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000049214

Entity Name: SENIOR HEALTH CARE, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1532 LAND O LAKES BLVD  
H  
FL, FL 33549 US

## **New Principal Place of Business:**

1926 MANATEEE AVE W.  
BRADENTON, FL 34205 US

## **Current Mailing Address:**

P O BOX 2548  
LUTZ, FL 33548 US

## **New Mailing Address:**

P O BOX 845  
BRADENTON, FL 34206 US

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  
6933 COZUMEL CT  
LAND O LAKES, FL 34637 US

## **Name and Address of New Registered Agent:**

ROSENFELD, GARY  
7524 LAKESHORE DR  
ELLENTON, FL 34222 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

04/14/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSENFELD, GARY  
Address: 7524 LAKESHORE DR  
City-St-Zip: ELLENTON, FL 34222

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

I hereby 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 all other like empowered.

SIGNATURE: GARY ROSENFELD

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date