2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000049214

Name:

Address:

City-St-Zip:

4642 DAVIE RD

DAVIE, FL 33314

Entity Name: SENIOR HEALTH CARE, INC.

Apr 03, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1532 US HWY 41 N LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** P O BOX 2548 LUTZ, FL 33548 US FEI Number: 59-3324088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENFELD, GARY 6122 REGINA PL LAND O LAKES, FL 34639 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROSENFELD, GARY Name: Name: 3335 N UNIVERSITY DR Address: Address: City-St-Zip: **DAVIE, FL 33542** City-St-Zip: () Delete Title: Title: () Change () Addition SOLOMON, PHILIP

Name:

Address:

City-St-Zip:

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 Statutés. 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 04/03/2003