

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2008 8:00 am**  
**Secretary of State**

07-01-2008 90001 003 \*\*\*150.00

DOCUMENT # P98000002215

1. Entity Name  
SEABORN HEALTH CARE, INC.



Principal Place of Business  
7099 GREENBRIER DR  
SEMINOLE, FL 33777

Mailing Address  
PO BOX 41158  
ST. PETERSBURG, FL 33743



2. Principal Place of Business - No P.O. Box #  
8918 78th Avenue North

3. Mailing Address  
Suite, Apt. #, etc.

06182008 Chg-P CR2E034 (12/06)

City & State  
Largo, FL

Country  
Pinellas

Zip  
33777

4. FEI Number  
59-3499758

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMADIO, JACQUELINE  
7099 GREENBRIER DR  
SEMINOLE, FL 33777

Name  
Amadio, Jacqueline C.  
Street Address (P.O. Box Number is Not Acceptable)  
8918 78th Avenue North

City  
Largo

FL

Zip Code  
33777

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jacqueline Amadio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	AMADIO, JACQUELINE C	7099 GREENBRIER DR	SEMINOLE, FL 33777	<input type="checkbox"/>
D	MARTINEZ, VIRGINIA A	7099 GREENBRIER DR	SEMINOLE, FL 33777	<input type="checkbox"/>
D	AMADIO, CAROLINE L	7099 GREENBRIER DRIVE	SEMINOLE, FL 33777	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Amadio, Jacqueline C.	8918 78th Avenue North	Largo, FL 33777	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Martinez, Virginia A.	8918 78th Avenue North	Largo, FL 33777	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Amadio, Caroline L.	8918 78th Avenue North	Largo, FL 33777	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline Amadio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/08

Date

727-398-1910

Daytime Phone #