

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90042 019 \*\*\*150.00

<b>DOCUMENT # P98000031893</b>					
<b>1. Entity Name</b> ELDER CARE REVIEW, INC.					
<b>Principal Place of Business</b> 1024 LENOX AVE #7 MIAMI BEACH, FL 33139			<b>Mailing Address</b> 1024 LENOX AVE #7 MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business</b> 2725 NE 30TH ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2725 NE 30th ST Suite, Apt. #, etc.			
<b>City &amp; State</b> FORT LAUDERDALE, FL		<b>City &amp; State</b> FORT LAUDERDALE, FL		<b>4. FEI Number</b> 65-0904537	
<b>Zip</b> 33306		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LICHMAN, MARC 1024 LENOX AVE #7 MIAMI BEACH, FL 33139			<b>7. Name and Address of New Registered Agent</b> Name: Marc Lichtman Street Address (P.O. Box Number is Not Acceptable): 2725 NE 30TH ST City: FORT LAUDERDALE FL Zip Code: 33306		
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P LICHTMAN, MARC 1024 LENOX AVE. #7 MIAMI BEACH, FL 33139		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	2725 NE 30TH ST. FORT LAUDERDALE, FL 33306	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D LICHTMAN, MARC 1024 LENOX AVE. #7 MIAMI, FL 33139		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	2725 NE 30TH ST. FORT LAUDERDALE, FL 33306	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			2/11/06 305-588 3400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		