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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000058804

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90141 007 ***150.00

| SENIORCARE MANAGEMENT, INC. | | | 1 1 E 0 1 E 0 1 E 0 1 E 1 1 1 E 1 1 E 1 1 E 1 1 E 1 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 | 1114 1018 4 0 11 8 4 1 010 1 1004 00 11 010 1 1 06 1 |
|--|--------------------------------|---|---|---|
| | | | | |
| Principal Place of Business | Mailing Address | <u> </u> | |)(1) 66:81 61:81 (818) (81) (81) (81) (81) |
| 1121 CEDAR FALLS DR | 1121 CEDAR FALLS DR | | | |
| WESTON FL 33327 | WESTON FL 33327 | | DO NOT WRITE I | N THIS SPACE |
| | | | 3. Date incorporated or Qualifed | THE CONTROL |
| | | | 07/01/1998 | |
| 2. Principal Place of Business | 2a, Mailing Address | ··· | 4. FEI Number | Applied For |
| 21 62 INDIAN TRACE | 26 62 INDIAN | TRACE | 65-0855704 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 SUITE 224 | 27 SUITE 224 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 WESTON, FL | 28 UESTON, F | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip 29 33326 3 | Country | 8. This corporation owes the current | year Intangible ☐ Yes ☐ Yo |
| 24 333 26 25 | <u></u> | 10 | Personal Property Tax. 10. Name and Address of New Regi | |
| 9. Name and Address of Current I | Registered Agent | 81 Name | | |
| ROSEN, MARK L | | | VID M. LAZARUS, | ESQUIRE |
| 1380 NE MIAMI GARDENS DR | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable | DRIVE , |
| SUITE 246 | | 83 | 3 10 1 010 10 21 - 211 7 | 33024 |
| MIAMI FL 33179 , | , | | | |
| /' | | 84 City | BLOKE LINES | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 | and 607.1508. Florida Statutes | s, the above-named corpo | oration submits this statement for the pur | pose of changing its registered |
| office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | Florida Such change was auf | horized by the comoratic | on's board of directors. I hereby accept th | e appointment as registered |
| /// | DAVID M. LAZ | | 1/21/ | /99 |
| SIGNATURE Signatury typed or printed name of registered agent a | | Registered Agent signature required | when reinstating) | DATE |
| 12. OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE PRESENTED THE | S/SEC DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME AND C. HORNICK | | | | |
| | , TE 224 | 1.2 NAME | | <u> </u> |
| STREET ADDRESS | , ITE 224 | 1.2 NAME 1.3 STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 | | 1.3 STREET ADORESS 1.4 CITY-ST-ZIP | | Change Addition |
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CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: