2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000819

Entity Name: SENIOR CARE SERVICES OF PINELLAS, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4739 CENTRAL AVENUE 10267 SW 71ST COURT ST. PETERSBURG, FL 33713 OCALA, FL 34476

Current Mailing Address: New Mailing Address:

4739 CENTRAL AVENUE 10267 SW 71ST COURT ST. PETERSBURG, FL 33713 OCALA, FL 34476

FEI Number: 59-3550663 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:

TROUP, DAVID;

4739 CENTRAL AVENUE

ST. PETERSBURG, FL 33713 US

TROUP, DAVID;

5030 78TH AVENUE, STE # 10

PINELLAS PARK, FL 33781 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: 04/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCARFONE, ELEANOR L
 Name:
 SCARFONE, ELEANOR L

 Address:
 2244 MARUITANIA RD
 Address:
 10267 SW 71ST COURT

 City-St-Zip:
 PUNTA GORDA, FL 339838623
 City-St-Zip:
 OCALA, FL 34476

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 Statutes. 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: ELEANOR L. SCARFONE D 04/14/2005