| 200  | 1 UNIFORM BUS                                       | INESS DED                       | OPT (IIRD)  |   | -                                     | 4             |
|--|---|---------------------------------|---|---|---------------------------------------|---------------|
|  | MENT # P990000029                                   |                                 | ONI (OPN)   |   |                                       |               |
| Entity Nan                                     | ne , 1990000029                                     | 733                             |   | FILEÒ   |                                       |               |
| Senior Centered Care, Inc.                     |   |                                 |   | SECRETARY OF STATE DEVISION OF CORPORATIONS   |                                       | -             |
| rincipal Place of Business Mailing Address     |   |                                 |   | 01 SEP 25 PM 3: 16  |                                       |               |
| 650 Be   | erkshire Avenue                                     | Same                            |   | UI SEL ZU FIT   | )· 10                                 |               |
| inter  | Park, FL 32789                                      |                                 |   |   |                                       |               |
| Principal Place of Business 3. Mai             |   | 3. Mailing Address              |   | -<br>-<br>-   |                                       |               |
| Suite, Apt. #, etc.                            |   | Suite, Apt. #, etc.             |   | DO NOT WRITE IN THIS SPACE  |                                       | ,             |
| City & State                                   |   | City & State                    |   | 4. FEI Number 593552677   | Applied For<br>Not Applicable         | -             |
| Zip  | Country   | Zip                             | Country   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required     |               |
|  | 6. Name and Address of Curren                       | t Registered Agent              | Name  | 7. Name and Address of New Register   | d Agent                               | -             |
| A. G. C. Co.                                   |   |                                 | . N/  |   | · · · · · · · · · · · · · · · · · · · | 1             |
| 200 S. Orange Avenue, Suite orlando. FL 32801  |   | e 2300                          | Street Addres   | s (P.O. Box Number is Not Acceptable)   |                                       |               |
| гтапис   | U, EL JAUVI   |                                 |   |   | · - ·                                 |               |
|  |   |                                 | City  | F   | L Zip Code                            | 1 . ,         |
| The above                                      | e named entity submits this statement               | or the purpose of changing      | its registered office or regis                                | tered agent, or both, in the State of Florida.  |                                       | 1             |
|  |   |                                 |   |   | -                                     |               |
| GNATURE  | Signature, typed or printed name of registered ager | of end title if applicable. (7  | IOTE: Registered Agent signature requ                         | red when reinstating) DA1   | E                                     |               |
| This corp                                      | oration is eligible to satisfy its Intangib         | FILE NO                         | WIII: FEE IS \$150.00   |   |                                       |               |
| Tax filing                                     | requirement and elects to do so,                    | After MAY 1,                    | 2001 Fee will be \$550.0                                      |   | \$5.00 May Be                         |               |
| - (Søe Crite                                   | OFFICERS AND  |                                 | rable to Department of 8                                      | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 11                    | 1             |
| LE   | President, Direc                                    |                                 | TILE TILE   | ADDITIONATION TO OFF TOCHS  | Change Addition                       | 8             |
| ME   | Rhonda M. Facund                                    |                                 | NAME  |   |                                       | = 1           |
| EET ADDRESS<br>Y-ST-ZIP                        | 1650 Berkshire A                                    | なみかけら                           | STREET ADDRESS<br>CITY+ST-ZIP                                 |   |                                       | RZE034 (11/00 |
| LE   | Secretary, Treasure                                 | ·                               | TITLE   |   | Change Addition                       | 22            |
| ME<br>Reet address                             | Jana Luce   |                                 | NAME  | annondé   | 1/299                                 | ĥ             |
| Y-ST-ZIP                                       | 850 Hardage Farm Drive<br>Marietta, GA 30064        |                                 | STREET ADDRESS<br>CITY-ST-ZIP                                 | . 800 <b>004</b> 5  | 101092005                             | Ţ             |
| LE   | marietta, Ga 300                                    | · Delete                        | TITLE   | ****15  | Change Addition                       | Ψ.            |
| ME<br>Reet address                             |   |                                 | NAME<br>STREET ADDRESS  | •   |                                       |               |
| eet auuness<br>1-st-zip                        |   |                                 | CITY-ST-ZIP   | •   |                                       |               |
| Œ.   |   | ☐ Delete                        | TITLE   | Andreas | Change Addition                       | 1             |
| ME<br>REET ADDRESS                             |   |                                 | NAME<br>STREET ADDRESS  |   |                                       |               |
| Y-ST-ZIP                                       |   |                                 | CITY-ST-ZIP   |   |                                       |               |
| LE   |   | ☐ Delete                        | · TITLE   |   | Change Addition                       | 1 .           |
| ME<br>Reet address                             | •   |                                 | NAME<br>STREET ADDRESS  | <b>\</b> 19121  | 1                                     |               |
| Y-ST-ZIP                                       |   |                                 | CITY-ST-ZIP   | D. N.   | •                                     |               |
| £  | 1   | ☐ Delete                        | TITLE   | 1   | Change Addition                       | ] :           |
| ME<br>REET ADORESS                             |   |                                 | NAME<br>STREET ADDRESS  | 1   |                                       |               |
|  | I .   |                                 | SITULE ALLUNESS   |   |                                       |               |
| Y-ST-ZIP                                       |   |                                 | CITY-ST-ZIP   |   |                                       |               |
| . I hereby                                     | certify that the information supplied wi            | th this filing does not qualify | for the exemption stated in                                   | Section 119.07(3)(i), Florida Statutes. I further   | certify that the information          |               |
| I hereby                                       | on this report or supplemental report               | is true and accurate and the    | for the exemption stated in<br>at my signature shall have the | e same legal effect as if made under oath; the<br>07, Florida Statutes; and that my name appea                  | t I am an officer or director         |               |
| I hereby<br>indicated<br>of the co-<br>changed | on this report or supplemental report               | is true and accurate and the    | for the exemption stated in<br>at my signature shall have the | e same legal effect as if made under oath; the<br>07, Florida Statutes; and that my name appea                  | t I am an officer or director         |               |

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## Senior Centered Care, Inc.

1650 Berkshire Avenue Winter Park, Florida 32789 (407) 599-1706

September 24, 2001

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Senior Centered Care, Inc.

To Whom It May Concern:

It is my understanding that Jennifer Newcombe, a Corporate Paralegal with the Orlando office of Baker & Hostetler, LLP, the attorneys for the above-captioned Florida corporation, spoke with Rhonda of your office today, September 24th, regarding the late filing of the current year's Uniform Business Report. The President and sole Director of Senior Centered Care, Inc., Rhonda Facundus, has been diagnosed with inoperable stomach cancer. She is currently hospitalized and has been very ill and in and out of the hospital since February, 2001. The corporate office of Senior Centered Care, Inc. is located in Winter Park, Florida and all mail is sent to such address. I hold the positions of Secretary and Treasurer for Senior Centered Care, Inc., but live in Marietta, Georgia. Since all of the corporate mail is sent to the corporate office, Rhonda Facundus, who works out of the corporate office, has always handled the Uniform Business Report filings and all other business matters for Senior Centered Care, Inc.

Since Ms. Facundus is the President and sole Director of the business, needless to say, her business affairs have been entangled since the time of her diagnosis. Although her friends and I have been attempting to handle her personal and business affairs since the onset of her illness, I have no recollection of ever having received the Uniform Business Report. In all fairness, however, I should point out that it could have been received and, in the confusion of sorting out her affairs, either misplaced or lost.

In view of the above, Senior Centered Care, Inc. is requesting the State of Florida to waive penalties added to the regular filing fee. I believe the State's records will show that in the past years the reports have always been filed on time and the fees promptly paid. Ms. Facundus would appreciate anything the State can do to accommodate her request for a waiver of penalties.

Thank you very much for your consideration.

Very truly yours,

Jana Luce

Jana Luce

## BAKER & HOSTETLER COUNSELLORS AT LAW

200 South Orange Avenue • SunTrust Center, Suite 2300 • P.O. Box 112 • Orlando, Florida 32802-0112 • (407) 649-4000 Fax (407) 841-0168

Writer's Direct Dial Number

(407) 649-4287

September 24, 2001

Via Federal Express

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Attention: Uniform Business Report Section

Re: Senior Centered Care, Inc.

To Whom It May Concern:

In connection with the above-referenced entity and the filing of its 2001 Uniform Business Report, pursuant to our recent telephone conversation enclosed is the executed Uniform Business Report, a check in the amount of \$150.00 made payable to the Florida Department of State and, at your request, a letter from the Secretary/Treasurer of the corporation explaining the sudden illness of Rhonda M. Facundus and the fact that the 2001 Uniform Business Report was never received or possibly overlooked.

I want to thank you so very much for accepting for filing the 2001 Uniform Business Report without the payment of penalties. If you have any questions or comments, please do not hesitate to contact me at the above Orlando telephone number. Your kindness is much appreciated.

Very truly yours, Sennifer a. Newcombe

Jennifer A. Newcombe Corporate Paralegal

cc: Jana Luce (w/o encl.)
Barbara Egolf (w/encl.)