P99000025120

(Requestor's Name)

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(City/State/Zip/Phone #)

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RA change
News
4-1-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Senior Management Care Program, Inc
(Name of Corporation)

DOCUMENT NUMBER: P99000025120

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia A. Gagnon
(Name of Contact Person)

Senior Management Care Program, Inc.
(Firm/Company)

855 Lancaster Rd.
(Address)

DeLand FL 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

Julia A Gagnon at (386) 734-9154
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DREGGORS, RIGSBY & TEAL, P.A.

- CERTIFIED PUBLIC ACCOUNTANTS -
- REGISTERED INVESTMENT ADVISOR -

1006 N. Woodland Boulevard
DeLand, Florida 32720

Telephone: 386-734-3398
Telephone: 386-734-9441
Fax: 386-738-5351
E-mail: drtcpa@drtcpa.com
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James H. Dreggors, CPA
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Ronald J. Cantlay, CPA/CFP™
Robin C. Lennon, CPA
John A. Powers, CPA
Charles E. Riley, CPA
Jeffrey T. Smith, CPA

Members:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
The Financial Planning Association

March 27, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Waiver of reinstatement fees
Senior Management Care Program, Inc.
Doc # P99000025120

Dear Sirs,

The purpose of this letter is to notify you of our request to re-instate the corporation of Senior Management Care Program, Inc. The registered agent at the time of filing was a local attorney, Bruce W. Floyd, Esq. Mr. Floyd passed away and the notices were never received by Senior Management.

Attached please find the "Cover Letter" to amend the registered agent, along with the re-instatement form.

We have enclosed a check for $35.00 to amend the registered agent, $150. per year of inactivity and $8.75 for certification.

If you have any questions, or concerns, please contact our office or Julia A. Gagnon @ 386-734-9154.

Sincerely,

Lisa K. Bertholf
Associate
Dreggors, Rigsby & Teal, P.A.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Senior Management Care Program, Inc.
2. The principal office address: 855 Lancaster Road
   Deland, FL 32720
3. The mailing address (if different): P.O. Box 4582
   Deland, FL 32721-4582
4. Date of incorporation/qualification: 3-9-1999 Document number: P99000025120
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Floyd, Bruce W. Esq. - Deceased
   840 W. New York Ave, Ste. A
   Deland FL 32720

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Julia A. Gagnon
   855 Lancaster Road
   (P.O. Box NOT acceptable)
   Deland, FL 32720

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Julia A Gagnon
(Signature of an officer or director)

JULIA A. GAGNON
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Julia A Gagnon
(Signature of Registered Agent)

3/30/09
(Date)

If signing on behalf of an entity:

Julia A Gagnon
(Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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