

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046235

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SENIOR LIFE RESOURCE CENTER, INC.

## Current Principal Place of Business:

C/O CHCS SERVICES, INC.  
3050 UNIVERSAL BLVD., SUITE 150  
WESTON, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

C/O CHCS SERVICES, INC.  
3050 UNIVERSAL BLVD., SUITE 150  
WESTON, FL 33331

## New Mailing Address:

FEI Number: 65-0929371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARNETT LESNICK & RIPPS P.A.  
150 E. PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACOBS, GARY  
Address: 3050 UNIVERSAL BLVD. STE. 150  
City-St-Zip: WESTON, FL 33331

Title: CHRM ( ) Delete  
Name: BARASCH, RICHARD A  
Address: 6 INTERNATIONAL DRIVE, SUITE 190  
City-St-Zip: RYE BROOK, NY 10573 US

Title: DIRE ( ) Delete  
Name: WAEGELEIN, ROBERT A  
Address: 6 INTERNATIONAL DRIVE, SUITE 190  
City-St-Zip: RYE BROOK, NY 10573 US

Title: OFF ( ) Delete  
Name: MCALEER, JAMES P  
Address: 6 INTERNATIONAL DRIVE, SUITE 190  
City-St-Zip: RYE BROOK, NY 10573 US

Title: OFF (X) Delete  
Name: RICHMAN, STEVEN  
Address: 7762 NW 44TH STREET  
City-St-Zip: SUNRISE, FL 33351 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES P MCALEER

OFF

04/30/2007

Electronic Signature of Signing Officer or Director

Date