

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V09838 (6)**  
1. Corporation Name  
**SENIOR HEALTH DIVISION, INC.**



Principal Place of Business <b>2536 COUNTRYSIDE BLVD FOURTH FLOOR CLEARWATER FL 34623 US</b>	Mailing Address <b>2536 COUNTRYSIDE BLVD SIXTH FLOOR CLEARWATER FL 34623-1633 US</b>
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3. Date Incorporated or Qualified <b>01/27/1992</b>	3a. Date of Last Report <b>02/23/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-3237391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DOUDNA, HEATHER L  
2536 COUNTRYSIDE BOULEVARD  
SIXTH FLOOR  
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BOESCH, KENNETH W JR.</b>	
STREET ADDRESS <b>2536 COUNTRYSIDE BLVD., 4TH FLOOR</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>BOESCH, KENNETH W. JR.</b>	
1.3 STREET ADDRESS <b>2536 Countryside Blvd., 4th Floor</b>	
1.4 CITY-ST-ZIP <b>Clearwater, FL 34623</b>	
2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>PATRICK, WANITA S.</b>	
2.3 STREET ADDRESS <b>2536 Countryside Blvd., 4th Floor</b>	
2.4 CITY-ST-ZIP <b>Clearwater, FL 34623</b>	
3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>NORTH, TIMOTHY O.</b>	
3.3 STREET ADDRESS <b>2536 Countryside Blvd., 6th Floor</b>	
3.4 CITY-ST-ZIP <b>Clearwater, FL 34623</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Kenneth W. Boesch, Jr.* **Kenneth W. Boesch, Jr. Pres 2/11/97 (813) 9920**  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CFR2E034 (9/96)