

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043139

Entity Name: SENIOR CARE CONSULTANTS, PL

Current Principal Place of Business:

6321 NW 179 TERRACE
HIALEAH, FL 33015

Current Mailing Address:

6321 NW 179 TERRACE
HIALEAH, FL 33015 US

FEI Number: 26-2532706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORDE, ESAN N
6321 NW 179 TERRACE
HIALEAH, FL 33015 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FORDE, ESAN NMGRM
Address 6321 NW 179 TERRACE
City-State-Zip: HIALEAH FL 33015

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ESAN FORDE

MGRM

03/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date