2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004160

1. Entity Name

AGE INSTITUTE OF FLORIDA, INC. Amendd

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08-26-2002 90051 049 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

976252

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
785 FIFTH AVENUE, THIRD FLOOR, SUITE 5 ATTN: CAROL A. TSCHOP CHAMBERSBURG PA 17201	785 FIFTH AVENUE, THIRD FLOOR, SUITE 5 ATTN: CAROL A. TSCHOP CHAMBERSBURG PA 17201

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-2856813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEAGLE, JONATHAN A. %PARTNERS HEALTH GROUP
14255 49TH ST., NORTH, BLDG.3, STE. 301
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name SENIOR HEALTH MANAGEMENT LLC

Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVE SOUTH STE 901S

City ST. PETERSBURG **FL** Zip Code 33701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP TSCHOP, CAROL A. 141 HARVEST LANE CHAMBERSBURG PA 17201	☐ Delete	D HALL, Jr., Lyle W. 108 Eganfuskee St. JUPITER, FL. 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARSHAWER, ELIZABETH 2114 DELANCEY PLACE PHILADELPHIA PA 19103	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FRANCHI, EDUARDO E 293 WESTOVER WAY CHAMBERSBURG PA 17201	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORMAN, JOHN P 41 PARKRIDGE DRIVE BRYN MAWR PA 19010	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JABRO, ANN D 109 COLONIAL DRIVE SEWICKLEY PA 15143	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA-MANGIAPANE, SYLVIA M 10029 NORTH 53RD ST TEMPLE TERRACE FL 33617	☒ Delete		☐ Change ☐ Addition

CR2E037 (4/02)

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #