N96000004160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA change
T. Lewis 12/2/03

SPECTOR GADON & ROSEN, P.C.

NEW JERSEY OFFICE:
1000 LENOLA ROAD
P.O. BOX 1001
MOORESTOWN, NJ 08057
[856] 778-8100
FAX: [856] 722-5344

SEVEN PENN CENTER
1635 MARKET STREET
SEVENTH FLOOR
PHILADELPHIA, PENNSYLVANIA 19103
[215] 241-8888
FAX: [215] 241-8844
WWW.LAWSGR.COM

FLORIDA OFFICE:
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701
[727] 896-4600
FAX: [727] 896-4604

Lianne Barnard, Paralegal

E-MAIL
lbarnard@lawsgr.com

DIRECT DIAL NUMBER
[215] 241-8833

November 24, 2003

Via Overnight Mail
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent

Gentlemen/Ladies:

I am transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

1. WKTM-Florida, LLC (DE entity)
2. WKTM-Florida, LLC (FL entity)
3. Senior Health South-Tampa, LLC
4. Senior Health-TLTC, LLC
5. Senior Health-TNF, LLC
6. Senior Health South-EX, LLC
7. Senior Health-Alpine, LLC
8. Senior Health-Concordia, LLC
9. Senior Health-First Coast, LLC
10. Senior Health-South Heritage, LLC
11. Senior Health-Treasure Isle, LLC
12. Senior Health-Winter Haven, LLC
13. WKM-Real Estate, LLC
14. KMW Real Estate, LLC
15. Florida Institute for Long Term Care, LLC (FL entity)
16. Florida Institute for Long Term Care, LLC (DE entity)
17. FI-Bay Pointe, LLC
18. FI-Boca Raton, LLC
19. FI-Broward Nursing, LLC
20. FI-Cape Coral, LLC
21. FI-Carrollwood Care, LLC

22. FI-Casa Mora, LLC
23. FI-Evergreen Woods, LLC
24. FI-Highland Pines, LLC
25. FI-Highland Terrace, LLC
26. FI-Palm Beaches, LLC
27. FI-Pompano Rehab, LLC
28. FI-Sanford Rehab, LLC
29. FI-Tampa, LLC
30. FI-The Abbey, LLC
31. FI-The Oaks, LLC
32. FI-Titusville, LLC
33. FI-Waldemere, LLC
34. FI-Windsor Woods, LLC
35. FI-Winkler Court, LLC

Please file each and deduct the appropriate filing fees of $875 (35 @ $25/each) from our firm's depository account #I20030000027.

I am also transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Corporations:

1. Hearthstone Senior Communities, Inc.
2. Senior Health Properties-South, Inc.
3. Westminster Community Care Services, Inc.

Please file each and deduct the appropriate filing fees of $105 (3 @ $35/each) from our firm's depository account #I20030000027.

Kindly forward acknowledgment copies to my attention via facsimile (215/241-8844) at your earliest convenience.

Very truly yours,

Lianne Barnard

Lianne Barnard
Paralegal

LB/hs
Enc.

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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: Hearthstone Senior Communities, Inc.

2. The principal office address: 100 Second Avenue South, Suite 901S, St. Petersburg, PA 33701

3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 08/08/1996 Document number: N96000004160

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Senior Health Management, LLC

100 Second Avenue South, Suite 901S

St. Petersburg, FL 33701

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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):

Spector Gadon & Rosen, PA

360 Central Avenue, Suite 1550

(P.O. Box or personal mailbox NOT acceptable)

St. Petersburg, FL 33701

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.

(Signature of an officer or director)

Carol A. Tschop, Chairman
(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.

(Signature of Registered Agent)

11/21/03
(Date)

If signing on behalf of an entity:

Erin O'Toole Shimer
(Typed or Printed Name)

Representative of Spector Gadon & Rosen, PA
(Capacity)

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

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