

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013767

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** SENIOR HEALTH-TNF, LLC

**Current Principal Place of Business:**

1514 E. CHELSEA STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

100 2ND AVE S  
901 SOUTH  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 33-1017142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MADONNA, HARRY DILLON  
Address: 360 CENTRAL AVE. STE. 1550  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR  
Name: KACPRZAK, MONIKA  
Address: 360 CENTRAL AVENUE, SUITE 1550  
City-St-Zip: ST. PETERSBURG, FL 3371 US

Title: MGR  
Name: PAVLOVA, PRADIEU  
Address: 1514 E. CHELSEA STREET  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information indicated on this 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.

SIGNATURE: HARRY DILLON MADONNA      MGR      01/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date