

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013767

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

**Current Principal Place of Business:**

1665 PALM BEACH LAKES BLVD.  
SUITE 600  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1665 PALM BEACH LAKES BLVD.  
SUITE 600  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 33-1017142

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MANAGER  
Name JAFFE, HOWARD  
Address 1665 PALM BEACH LAKES BLVD.  
SUITE 600  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name ADMINISTRATOR  
Address 1665 PALM BEACH LAKES BLVD.  
SUITE 600  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name DIRECTOR OF NURSING  
Address 1665 PALM BEACH LAKES BLVD.  
SUITE 600  
City-State-Zip: WEST PALM BEACH FL 33401

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD JAFFE

MANAGER

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date