

**2020 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**

**04/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date