

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137941

**Entity Name:** SENIOR CARE LIVING V, LLC

**Current Principal Place of Business:**

8380 BAY PINES BLVD., 3RD FLOOR  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

8380 BAY PINES BLVD., 3RD FLOOR  
ST. PETERSBURG, FL 33709

**FEI Number:** 47-2830228

**Certificate of Status Desired:** No

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

BOULDIN, MARK C  
8380 BAY PINES BLVD., 3RD FL  
ST. PETERSBURG, FL 33709 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 MGR  
Name SENIOR CARE LIVING II, INC.  
Address 8380 BAY PINES BLVD., 3RD FL  
City-State-Zip: ST. PETERSBURG FL 33709

*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:** MARY E. SMITH

**SECRETARY**

**01/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date