

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90422 003 ****61.25

DOCUMENT # F00000006865

1. Entity Name
SENIOR HEALTH PROPERTIES - SOUTH, INC.



Principal Place of Business
**100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701**

Mailing Address
**100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701**

94063303



DO NOT WRITE IN THIS SPACE

02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1571683

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPECTOR GADON & ROSEN, PA
360 CENTRAL AVENUE
SUITE 1550
ST PETERSBURG, FL 33701**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSCHOP, CAROL A 785 FIFTH AVENUE, THIRD FLOOR, SUITE 5 CHAMBERSBURG, PA 17201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SCOTT W 13714 VIA ROMA CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BRUCE 655 S GULPH ROAD KING OF PRUSSIA, PA 194063704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: CAROL TSCHOP 4/16/04 717-263-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #