

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0096387

DOCUMENT # F00000006865

1. Entity Name

SENIOR HEALTH PROPERTIES - SOUTH, INC.



FILED

03 MAY -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

785 FIFTH AVE. SUITE 901 SOUTH
CHAMBERSBURG PA 17201

Mailing Address

785 FIFTH AVE. SUITE 901 SOUTH
CHAMBERSBURG PA 17201

2. Principal Place of Business

3. Mailing Address

100 2nd Ave. S.

Suite, Apt. #, etc.

901 South

City & State
St. Petersburg, FL

Zip

33701

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

WYATT, BART

100 2ND AVENUE SOUTH, SUITE 901 SOUTH
ST PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Bart Wyatt, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TSCHOP, CAROL A
STREET ADDRESS 785 FIFTH AVENUE, THIRD FLOOR, SUITE 5
CITY-ST-ZIP CHAMBERSBURG PA 17201 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 170018465331
CITY-ST-ZIP 05/07/03--01106--001 **350.00

TITLE D
NAME CLARK, SCOTT W
STREET ADDRESS 13714 VIA ROMA CIRCLE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HALL, BRUCE
STREET ADDRESS 655 S GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA 19406-3704 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Carol A. Tschop

4/14/03

CR2E037 (10/02)