

F00000006865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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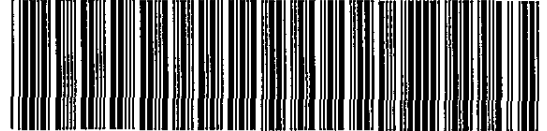
(Business Entity Name)

(Document Number)

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**SPECTOR GADON & ROSEN, P.C.**

NEW JERSEY OFFICE:  
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P.O. BOX 1001  
MOORESTOWN, NJ 08057  
[856] 778-8100  
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1635 MARKET STREET  
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PHILADELPHIA, PENNSYLVANIA 19103  
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360 CENTRAL AVENUE  
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E-MAIL  
lbarnard@lawsgr.com

*Lianne Barnard, Paralegal*

DIRECT DIAL NUMBER  
[215] 241-8833

November 24, 2003

Via Overnight Mail  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent

Gentlemen/Ladies:

I am transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

1. WKTM-Florida, LLC (DE entity)
2. WKTM-Florida, LLC (FL entity)
3. Senior Health South-Tampa, LLC
4. Senior Health-TLTC, LLC
5. Senior Health-TNF, LLC
6. Senior Health South-EX, LLC
7. Senior Health-Alpine, LLC
8. Senior Health-Concordia, LLC
9. Senior Health-First Coast, LLC
10. Senior Health-South Heritage, LLC
11. Senior Health-Treasure Isle, LLC
12. Senior Health-Winter Haven, LLC
13. WKM-Real Estate, LLC
14. KMW Real Estate, LLC
15. Florida Institute for Long Term Care, LLC (FL entity)
16. Florida Institute for Long Term Care, LLC (DE entity)
17. FI-Bay Pointe, LLC
18. FI-Boca Raton, LLC
19. FI-Broward Nursing, LLC
20. FI-Cape Coral, LLC
21. FI-Carrollwood Care, LLC

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DIVISION OF CORPORATIONS

**SPECTOR GADON & ROSEN, P.C.**  
ATTORNEYS AT LAW

November 24, 2003

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- 22. FI-Casa Mora, LLC
- 23. FI-Evergreen Woods, LLC
- 24. FI-Highland Pines, LLC
- 25. FI-Highland Terrace, LLC
- 26. FI-Palm Beaches, LLC
- 27. FI-Pompano Rehab, LLC
- 28. FI-Sanford Rehab, LLC
- 29. FI-Tampa, LLC
- 30. FI-The Abbey, LLC
- 31. FI-The Oaks, LLC
- 32. FI-Titusville, LLC
- 33. FI-Waldemere, LLC
- 34. FI-Windsor Woods, LLC
- 35. FI-Winkler Court, LLC

Please file each and deduct the appropriate filing fees of \$875 (35 @ \$25/each) from our firm's depository account #I20030000027.


I am also transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Corporations:

- 1. Hearthstone Senior Communities, Inc.
- 2. Senior Health Properties-South, Inc.
- 3. Westminster Community Care Services, Inc.

Please file each and deduct the appropriate filing fees of \$105 (3 @ \$35/each) from our firm's depository account #I20030000027.

Kindly forward acknowledgment copies to my attention via facsimile (215/241-8844) at your earliest convenience.

Very truly yours,

  
Lianne Barnard  
Paralegal

LB/hs  
Enc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, ~~607.1508~~, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Senior Health Properties-South, Inc.
2. The principal office address: 100 Second Avenue South, Suite 901S, St. Petersburg, FL 33701
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 12/12/2000 Document number: F00000006865
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Bart Wyatt

100 Second Avenue South, Suite 901S

St. Petersburg, FL 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Spector Gadon & Rosen, PA

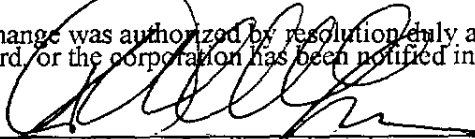
360 Central Avenue, Suite 1550

(P.O. Box or personal mailbox NOT acceptable)

St. Petersburg, FL 33701

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

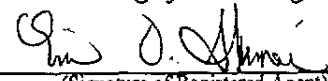
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Carol A. Tschop, Chairman

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

11/21/03  
(Date)

If signing on behalf of an entity:

Erin O'Toole Shimer  
(Typed or Printed Name)

Representative of Spector,  
Gadon & Rosen, PA  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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