2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L00000014719

Entity Name: SENIOR HEALTH - ALPINE, LLC

Current Principal Place of Business:

785 FIFTH AVE, THIRD FLOOR, STE 5
ATTN: CAROL A. TSCHOP
CHAMBERSBURG, PA 17201

New Principal Place of Business:

3456 - 21ST AVENUE SOUTH
ST. PETERSBURG, FL 33711 US

Current Mailing Address:

100 2ND AVE S
901 SOUTH
ST PETERSBURG, FL 33701

New Mailing Address:

100 SECOND AVE S
SUITE 901S
ST PETERSBURG, FL 33701

FEI Number: 36-4403592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TSCHOP, CAROL A
Address: 28 DORCHESTER DR
City-St-Zip: READING, PA 19608

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TSCHOP, WILLIAM
Address: 28 DORCHESTER DR
City-St-Zip: WYOMISSING, PA 19608 US

Title: MGR ( ) Change (X) Addition
Name: LANE, JENELL
Address: 3456 - 21ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: MGR ( ) Change (X) Addition
Name: DECKER, MARJORIE
Address: 3456 - 21ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM TSCHOP MGR 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date