

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 044 ***138.75

DOCUMENT # L00000014719

1. Entity Name
SENIOR HEALTH - ALPINE, LLC



Principal Place of Business
**3456 - 21ST AVENUE SOUTH
ST. PETERSBURG, FL 33711 US**

Mailing Address
**100 SECOND AVE S
SUITE 901S
ST PETERSBURG, FL 33701**

50003657



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**c/o 100 Second Avenue South
Suite 901 South
St. Petersburg, FL 33701**

03282008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number

36-4403592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TSCHOP, WILLIAM
28 DORCHESTER DR
WYOMISSING, PA 19608** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dtr
Madonna, Harry Dillon
360 Central Ave. Ste. 1550
St. Petersburg, FL 33701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LANE, JENELL
3456 - 21ST AVENUE SOUTH
ST. PETERSBURG, FL 33711** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Administrator
3456 - 21 Avenue South
St. Petersburg, FL 33711** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DECKER, MARJORIE
3456 - 21ST AVENUE SOUTH
ST. PETERSBURG, FL 33711** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Director of Nursing
3456 - 21 Avenue South
St. Petersburg, FL 33711** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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TITLE
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☐ Change ☐ Addition

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☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

HARRY DILLON MADONNA

4/4/08