

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 22, 2008 8:00 am
Secretary of State**

04-16-2008 90116 040 ***138.75

DOCUMENT # L00000014720		
1. Entity Name SENIOR HEALTH - FIRST COAST, LLC		

Principal Place of Business 7723 JASPER AVE. JACKSONVILLE, FL 32211	Mailing Address 100 2ND AVE S 901 SOUTH ST PETERSBURG, FL 33370-1
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

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 \$538.75
Due by September 12, 2008**

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

9. MANAGING MEMBERS/MANAGERS		10. AMENDMENTS/CHANGES	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSCHOP, WILLIAM		
STREET ADDRESS	28 DORCHESTER DRIVE		
CITY-ST-ZIP	WYOMISSING, PA 19608		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZIER, CHRISTOPHER		
STREET ADDRESS	7723 JASPER AVE.		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKER, JENNIFER		
STREET ADDRESS	7723 JASPER AVE.		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Harry Dillon MADONNA

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

Date

Daytime Phone #