


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**


05-01-2008 90024 028 \*\*\*138.75

<b>DOCUMENT # L00000014721</b>	
1. Entity Name <b>SENIOR HEALTH - CONCORDIA, LLC</b>	

Principal Place of Business <b>321 THIRTEENTH AVE. N ST. PETERSBURG, FL 33701</b>	Mailing Address <b>100 2ND AVE S 901 SOUTH ST PETERSBURG, FL 33701</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	<b>c/o 100 Second Avenue South Suite 901 South</b>
City & State	<b>St. Petersburg, FL 33701</b>
Zip	Country

**60036997**



04162008 Chg-LLC CR2E083 (12/06)

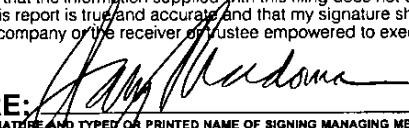
4. FEI Number <b>36-4403589</b> ✓	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SPECTOR GADON &amp; ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																								
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																								
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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: 	DATE: <b>4/16/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	