

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2008 90116 041 ***138.75

DOCUMENT # L00000014722

1. Entity Name
SENIOR HEALTH - SOUTH HERITAGE, LLC



Principal Place of Business
**718 LAKEVIEW AVE. S
ST. PETERSBURG, FL 33705 US**

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

50003660



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
36-4403586

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

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

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OYEKOYA, OLAYINKA
718 LAKEVIEW AVE. S
ST. PETERSBURG, FL 33705** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, EARNESTINE
718 LAKEVIEW AVE. S
ST. PETERSBURG, FL 33705** ☒ Delete

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Dtr

**Madonna, Harry Dillon
360 Central Ave. Ste. 1550
St. Petersburg, FL 33701** ☐ Change ☒ Addition

**Mgr
Administrator
718 Lakeview Avenue South
St. Petersburg, FL 33705** ☐ Change ☒ Addition

**Mgr
Director of Nursing
718 Lakeview Avenue South
St. Petersburg, FL 33705** ☐ 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 *Harry Dillon* **HARRY DILLON MADONNA**

5/4/08

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

Date

Daytime Phone #