

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073487

DOCUMENT # L00000014722

1. Entity Name

SENIOR HEALTH - SOUTH HERITAGE, LLC



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

785 FIFTH AVE. THIRD FLOOR, STE 5  
CHAMBERSBURG PA 17201

Mailing Address

785 FIFTH AVE. THIRD FLOOR, STE 5  
CHAMBERSBURG PA 17201

2. Principal Place of Business

3. Mailing Address

100 2nd Ave. S.

Suite, Apt. #, etc.

901 South

St. Petersburg, FL

Zip  
33701

Country  
USA

4. FEI Number 36-4403586

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WYATT, BART  
100 SECOND AVENUE SOUTH, STE. 901-SOUTH  
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 Bart Wyatt, President

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

(NOTE: Registered Agent Signature Required when reinstating)

4/14/03

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME TSCHOP, CAROL A  
STREET ADDRESS 785 FIFTH AVENUE  
CITY-ST-ZIP CHAMBERSBURG PA 17201

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Carol A. Tschop

Date

Daytime Phone #

4/14/03

CR2E083 (10/02)