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### SPECTOR GADON & ROSEN, P.C.

NEW JERSEY OFFICE: 1000 LENOLA ROAD P.O. 80X 1001 MOORESTOWN, NJ 08057 [856] 778-8100 FAX: [856] 722-5344 SEVEN PENN CENTER
1635 MARKET STREET
SEVENTH FLOOR
PHILADELPHIA, PENNSYLVANIA 19103
[215] 241-8888
FAX: [215] 241-8844
WWW.LAWSGR.COM

FLORIDA OFFICE: 360 CENTRAL AVENUE SUITE 1550 ST. PETERSBURG, FL 33701 [727] 896-4600 FAX: [327] 896-4604

Lianne Barnard Paralegal
Direct DIAL NUMBER

E-MAIL lbamard@lawsgr.com

November 24, 2003

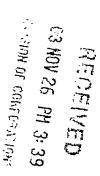
Via Overnight Mail
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent

#### Gentlemen/Ladies:

I am transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

- 1. WKTM-Florida, LLC (DE entity)
- 2. WKTM-Florida, LLC (FL entity)
- 3. Senior Health South-Tampa, LLC
- 4. Senior Health-TLTC, LLC
- 5. Senior Health-TNF, LLC
- 6. Senior Health South-EX, LLC
- 7. Senior Health-Alpine, LLC
- 8. Senior Health-Concordia, LLC
- 9. Senior Health-First Coast, LLC
- 10. Senior Health-South Heritage, LLC
- 11. Senior Health-Treasure Isle, LLC
- 12. Senior Health-Winter Haven, LLC
- 13. WKM-Real Estate, LLC
- 14. KMW Real Estate, LLC
- 15. Florida Institute for Long Term Care, LLC (FL entity)
- 16. Florida Institute for Long Term Care, LLC (DE entity)
- 17. FI-Bay Pointe, LLC
- 18. FI-Boca Raton, LLC
- 19. FI-Broward Nursing, LLC
- 20. FI-Cape Coral, LLC
- 21. FI-Carrollwood Care, LLC



#### SPECTOR GADON & ROSEN, P.C.

· ATTORNEYS AT LAW

November 24, 2003 Page -2-

22. FI-Casa Mora, LLC

23. FI-Evergreen Woods, LLC

24. FI-Highland Pines, LLC

25. FI-Highland Terrace, LLC

26. FI-Palm Beaches, LLC

27. FI-Pompano Rehab, LLC

28. FI-Sanford Rehab, LLC

29. FI-Tampa, LLC

30. FI-The Abbey, LLC

31.FI-The Oaks, LLC

32. FI-Titusville, LLC

33. FI-Waldemere, LLC

34. FI-Windsor Woods, LLC

35. FI-Winkler Court, LLC



Please file each and deduct the appropriate filing fees of \$875 (35 @ \$25/each) from our firm's depository account #I20030000027.

I am also transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Corporations:

- 1. Hearthstone Senior Communities, Inc.
- 2. Senior Health Properties-South, Inc.
- 3. Westminster Community Care Services, Inc.

Please file each and deduct the appropriate filing fees of \$105 (3 @ \$35/each) from our firm's depository account #I2003000027.

Kindly forward acknowledgment copies to my attention via facsimile (215/241-8844) at your earliest convenience.

Very truly yours,

Lianne Barnard

Paralegal

LB/hs Enc.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the limited liability company is:    Senior Health-South Heritage, LLC				
The mailing address of the limited liability company is: 100 Second Avenue South, Suite 901S.				
		npany is:	ende Sodin, Salle 90 15	
St. Petersburg, FL 337	01			
11/30/2000		L00000014722		
3. Date of filing/registration in Florida		4. Document nur	mber 25 S	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
riorida Department or	Bart Wyatt		SE 28 FE	
	100 Second Avenue	Name South, Suite 901S	- 177	
	St. Petersburg, FL 3		WII: 15 E, FLORIDA	
	City, S	State and Zip	•	
6. The name and address of the new registered agent and/or office:				
	Spector Gadon & Ro	osen, LLP		
	360 Central Avenue	fame Suite 1550		
•	Florida street address	(P.O. Box NOT acceptable)		
	St. Petersburg	<sub>FL</sub> 33701		
	City, St	ate and Zip		
confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limite.	nange or changes are ma the registered agent will be confirmed that the of liability company or a f the united liability co	nder the laws of the State of I de, the Florida street address I be identical. Or, in the case change(s) was/were authorize s otherwise provided in the armpany.	of the registered office of a Florida limited	
(Signature of a member or authori	zed representative of a member	)		
Carol A. Tschop	<b>/</b>			
(Printed or typed name of signee)				
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm		ent and agree to act in this ca to the proper and complete p of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in a in the registered office my writing of this change.	
(Signature of Registered Agent)	~ <del>~</del>			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**