

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014723

1. Entity Name

SENIOR HEALTH - WINTER HAVEN, LLC

Principal Place of Business

PROF. ARTS BLDG., 25 PENNCRAFT AVE.
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

Mailing Address

PROF. ARTS BLDG., 25 PENNCRAFT AVE.
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

2. Principal Place of Business

202 AVE O NORTH
Suite, Apt. #, etc.

3. Mailing Address

111 W. MICHIGAN ST
Suite, Apt. #, etc.
C/O TAX DEPT

City & State

WINTER HAVEN, FL
Zip 33881 Country USA

City & State

MILWAUKEE, WI
Zip 53203 Country USA

FILED
01 SEP 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WYATT, BART
14255 49TH STREET N BUILDING #3 SUITE 301
CLEARWATER FL 33762-2813

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.

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 \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSCHOP, CAROL A PROF. ARTS BLDG., 25 PENNCRAFT AVE. CHAMBERSBURG PA 17201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004597560--4 -09/18/01--01009--036 ****850.00 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

9/11/01 (717) 263-3249

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

Date

Daytime Phone #

STAPLE CHECK HERE

0010402

CR2E083 (5/01)