


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90275 001 ***350.00

DOCUMENT # L00000014723

1. Entity Name
SENIOR HEALTH - WINTER HAVEN, LLC



Principal Place of Business 785 FIFTH AVE, THIRD FLOOR, STE 5 CHAMBERSBURG, PA 17201	Mailing Address 100 2ND AVE S 901 SOUTH ST PETERSBURG, FL 33701
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02122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4403590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

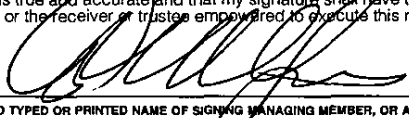
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TSCHOP, CAROL A 785 FIFTH AVENUE CHAMBERSBURG, PA 17201
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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:  CAROL TSCHOP 4/16/04 717-263-3249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #