


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90042 025 \*\*\*\*50.00

**20029876**



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|--|--|--|--|--|--|
| <b>DOCUMENT # L0000014723</b>  |  |  |  |         |  |
| 1. Entity Name<br>SENIOR HEALTH - WINTER HAVEN, LLC  |  |  |  |  |  |
| Principal Place of Business<br>785 FIFTH AVE, THIRD FLOOR, STE 5<br>CHAMBERSBURG, PA 17201   |  |  | Mailing Address<br>100 2ND AVE S<br>901 SOUTH<br>ST PETERSBURG, FL 33701 |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |  |  |  |
| City & State   |  | City & State   |  | 4. FEI Number<br>36-4403590  |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>SPECTOR GADON & ROSEN, LLP<br>360 CENTRAL AVENUE, SUITE 1550<br>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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>TSCHOP, CAROL A<br>785 FIFTH AVENUE<br>CHAMBERSBURG, PA 17201 | <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | MGR<br>TSCHOP, WILLIAM<br>28 DORCHESTER DR<br>WYOMISSING, PA 19608                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 <i>William Tschop</i> WILLIAM TSCHOP   |  |  | Date 4/1/06  |  | Daytime Phone # 610-678-7859   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |  |  |  |