

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014723

FILED
Apr 27, 2007
Secretary of State

Entity Name: SENIOR HEALTH - WINTER HAVEN, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

202 AVENUE
WINTER HAVEN, FL 33881

Current Mailing Address:

100 2ND AVE S
901 SOUTH
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 36-4403590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TSCHOP, WILLIAM
Address: 28 DORCHESTER DR
City-St-Zip: WYOMISSING, PA 19608

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DAVIS, BRENDA
Address: 202 AVENUE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: MGR () Change (X) Addition
Name: HILEMAN, LYNN
Address: 202 AVENUE
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM TSCHOP

MGR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date