

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014723

FILED
Apr 24, 2009
Secretary of State

Entity Name: SENIOR HEALTH - WINTER HAVEN, LLC

Current Principal Place of Business:

202 AVENUE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

C/O 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: D () Delete
Name: MADONNA, HARRY D
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR () Delete
Name: ADMINISTRATOR
Address: 202 AVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR () Delete
Name: DIRECTOR OF NURSING
Address: 202 AVE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MADONNA, HARRY D
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701

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

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

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: HARRY DILLON MADONNA

MGR

04/24/2009

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