

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014723

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** SENIOR HEALTH - WINTER HAVEN, LLC

**Current Principal Place of Business:**

202 AVENUE O NORTH EAST  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401

**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  
**Name:** JAFFE, HOWARD  
**Address:** TWO BALA PLAZA, SUITE 300  
**City-St-Zip:** BALA CYNWYD, PA 19004 US

**Title:** MGR  
**Name:** ADMINISTRATOR  
**Address:** 360 CENTRAL AVENUE, SUITE 1550  
**City-St-Zip:** ST. PETERSBURG, FL 33701 US

**Title:** MGR  
**Name:** DIRECTOR OF NURSING  
**Address:** 360 CENTRAL AVENUE, SUITE 1550  
**City-St-Zip:** ST. PETERSBURG, FL 33701

I hereby 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: HOWARD JAFFE      MGR      04/17/2012

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