

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014725

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** SENIOR HEALTH - TREASURE ISLE, LLC

**Current Principal Place of Business:**

1735 N. TREASURE DRIVE  
N. BAY VILLAGE, FL 33141

**New Principal Place of Business:**

1735 N. TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 36-4403591      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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: MADONNA, HARRY D  
Address: 1735 N. TREASURE DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGR  
Name: BARR, FREDINNA  
Address: 1735 N TREASURE DR  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGR  
Name: PARAMOORE, CHARVETTE  
Address: 1735 N TREASURE DR  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: HARRY D. MADONNA

MGR

05/05/2010

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