

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073493

DOCUMENT # L00000014725

1. Entity Name

SENIOR HEALTH - TREASURE ISLE, LLC



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business

785 FIFTH AVE. THIRD FLOOR. STE 5
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

Mailing Address

785 FIFTH AVE. THIRD FLOOR. STE 5
ATTN: CAROL A. TSCHOP
CHAMBERSBURG PA 17201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

100 2nd Ave. S.

901 South

St. Petersburg, FL

33701

USA

4. FEI Number 36-4403591

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYATT, BART
100 2ND AVENUE SOUTH, STE. 901-SOUTH
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 *Bart Wyatt, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Bart Wyatt

4/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
NAME TSCHOP, CAROL A
STREET ADDRESS 785 FIFTH AVENUE
CITY-ST-ZIP CHAMBERSBURG PA 17201

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800018465368
05/07/03---01106--001 ***350.00

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol A. Tschop* REQUIRE *Carol A. Tschop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/03

CR2E083 (10/02)