

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-25-2002 90010 030 ****50.00

DOCUMENT # L01000022817

1. Entity Name

NEIGHBORCARE SENIOR MANAGEMENT, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2884 WEST ORCHARD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2884 WEST ORCHARD CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

27-0005225

Applied For

Not Applicable

Zip

33328

Country

Zip

33328

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KC CROSS

Street Address (P.O. Box Number is Not Acceptable)

2884 WEST ORCHARD CIRCLE

City

DAVIE

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

9/10/02

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
KC CROSS
2884 W ORCHARD CIRCLE
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/10/02

CR2E038 (12/01)