

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 21 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L01000022817 1. Entity Name NEIGHBORCARE SENIOR MANAGEMENT, LLC.					
Principal Place of Business 440 PHIPPEN WAITER ROAD DANIA, FL 33004			Mailing Address 440 PHIPPEN WAITER ROAD DANIA, FL 33004		
2. Principal Place of Business 5300 W 16 AVE		3. Mailing Address 5300 W 16 AVE			
Suite, Apt. #, etc. HIALEAH, FL		Suite, Apt. #, etc. HIALEAH, FL			
City & State _____		City & State _____			
Zip 33012 Country USA		Zip 33012 Country USA		03292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 29-0005225				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSS, K.C. 4400 PHIPPEN WAITER ROAD DANIA, FL 33004			7. Name and Address of New Registered Agent Name Corp.Direct Agents, Inc. 103 N. Meridian Street, Lower Level Tallahassee, FL 32301 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		_____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		_____ <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K.C. 440 PHIPPEN WAITERS ROAD DANIA, FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P K.C. Cross 5300 W. 16th Avenue Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				_____ <small>DATE</small>	
_____ <small>Daytime Phone #</small>				_____	



E.C. Cross, Asst Secretary

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4/15/04