

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90192 005 ****50.00

DOCUMENT # L01000022817

1. Entity Name
 NEIGHBORCARE SENIOR MANAGEMENT, LLC.



Principal Place of Business
 8004 NORTHWEST 154 STREET
 SUITE 383
 MIAMI LAKES, FL 33016-5814 US

Mailing Address
 8004 NORTHWEST 154 STREET
 SUITE 383
 MIAMI LAKES, FL 33016-5814 US

60030040



2. Principal Place of Business - No P.O. Box #
 4 West Dania Beach Blvd

3. Mailing Address
 4 West Dania Beach Blvd

Suite, Apt. #, etc.

04172007 Chg-LLC CR2E083 (12/06)

City & State
 Dania, FL

City & State
 Dania, FL

Zip
 33004

Country
 Broward

Zip
 33004

Country
 USA

4. FEI Number
 29-0005225

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name KC Cross

Street Address (P.O. Box Number is Not Acceptable)
 4 West Dania Beach Blvd

City Dania FL Zip Code 33004

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K.C. 8004 NORTHWEST 154 STREET SUITE 383 MIAMI LAKES, FL 330165814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cross, K.C. 4 West Dania Beach Blvd Dania, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:  4/26/07 954 367-4563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #