2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 047 ***138.75

DOCUMENT # L01000022817

1. Entity Name
NEIGHBORCARE SENIOR MANAGEMENT, LLC.

Principal Place of Business
4 WEST DANIA BEACH BLVD
DANIA, FL 33004 US

Mailing Address
4 WEST DANIA BEACH BLVD
DANIA, FL 33004 US

04262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 4700 SHERIDAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.: SUITE B
City & State	City & State: HOLLYWOOD, FLORIDA
Zip / Country	Zip: 33021 / 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
CROSS, K C
4 WEST DANIA BEACH BLVD
DANIA, FL 33004

7. Name and Address of New Registered Agent
Name: CROSS, KC
Street Address (P.O. Box Number is Not Acceptable): 4700 SHERIDAN STREET, SUITE B
City: HOLLYWOOD FL Zip Code: 33021

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	CROSS, K C	4 WEST DANIA BEACH BLVD	DANIA, FL 33004	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	CROSS, KC	4700 SHERIDAN STREET, SUITE B	HOLLYWOOD, FLORIDA 33021	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/30/08 954-367-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #