

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90079 035 \*\*\*\*50.00

0026174

<b>DOCUMENT # L01000022817</b> 1. Entity Name <b>NEIGHBORCARE SENIOR MANAGEMENT, LLC.</b>					
Principal Place of Business <b>2884 WEST ORCHARD CIRCLE</b> <b>DAVIE FL 33328</b>			Mailing Address <b>2884 WEST ORCHARD CIRCLE</b> <b>DAVIE FL 33328</b>		
2. Principal Place of Business <b>440 PHIPPEN WAITER RD</b>		3. Mailing Address <b>← same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>←</b>			
City & State <b>DANIA BEACH FL</b>		City & State <b>←</b>		4. FEI Number <b>29-0005225</b>	
Zip <b>33004</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33004</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CROSS, K.C.</b> <del><b>2884 WEST ORCHARD CIRCLE</b></del> <del><b>DAVIE FL 33328</b></del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>440 PHIPPEN WAITERS RD</b> City <b>DANIA BEACH FL</b> Zip Code <b>33004</b>	
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 <span style="float: right;">4/17/03</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORDES, KC 2884 W ORCHARD CIRCLE FORT LAUDERDALE FL 33328	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KC CROSS 440 PHIPPEN-WAITERS RD DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KC CROSS 2884 W ORCHARD CIRCLE DAVIE, FL 33328	<input checked="" 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: <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/17/03</b> (954) 993-8028 <small>Daytime Phone #</small>		

CR2E083 (10/02)