


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90049 018 \*\*\*\*50.00

**DOCUMENT # L02000013766**  
 1. Entity Name  
**SENIOR HEALTH-TLTC, LLC**



Principal Place of Business 785 FIFTH AVE., STE. 5 CHAMBERSBURG, PA 17201	Mailing Address 100 2ND AVE S 901 S SAINT PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1017145	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  
 SPECTOR GADON & ROSEN, LLP  
 360 CENTRAL AVENUE, SUITE 1550  
 ST. PETERSBURG, FL 33701

**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. 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TSCHUP, CAROL 785 FIFTH AVE STE 5 CHAMBERSBURG, PA 17201
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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)(f), 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:**  **CAROL TSCHUP** **4/16/04** **717-263-3249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #