


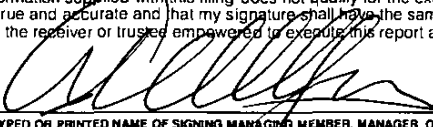
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90046 004 ****50.00

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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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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				7. Name and Address of New Registered Agent	
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	C			TITLE	Manager
NAME	TSCHUP, CAROL	<input type="checkbox"/> Delete		NAME	Tschop, Carol
STREET ADDRESS	785 FIFTH AVE STE 5			STREET ADDRESS	785 Fifth Avenue Suite 5
CITY-ST-ZIP	CHAMBERSBURG, PA 17201			CITY-ST-ZIP	Chambersburg, PA 17201
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	