

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013766

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** SENIOR HEALTH-TLTC, LLC

**Current Principal Place of Business:**

11722 N. 17 STREET  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1675 PALM BEACH LAKES BOULEVARD  
SUITE 900  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 33-1017145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JAFFE, HOWARD  
Address: TWO BALA PLAZA, SUITE 300  
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: MGR  
Name: ADMINISTRATOR  
Address: 360 CENTRAL AVENUE, SUITE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGR  
Name: DIRECTOR OF NURSING  
Address: 360 CENTRAL AVENUE, SUITE 1550  
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: HOWARD JAFFE

MGR

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date