

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

5/E

05-05-2003 91821 001 ***150.00

DOCUMENT # L02000013766



1. Entity Name
SENIOR HEALTH-TLTC, LLC

Principal Place of Business
**785 FIFTH AVE., STE. 5
CHAMBERSBURG PA 17201**

Mailing Address
**785 FIFTH AVE., STE. 5
CHAMBERSBURG PA 17201**

44005331

2. Principal Place of Business

3. Mailing Address

100 2nd Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

901 South

City & State

City & State

St. Petersburg FL

4. FEI Number

33-1017145

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYATT, BART
100 SECOND AVE. SOUTH, STE. 901 S
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

Bart Wyatt President

[Signature]

4/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
CHAIRMAN CAROL TSCHOP 785 FIFTH AVE. STE. 5 CHAMBERSBURG, PA 17201	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

[Signature] **REQUIRED Carol A Tschop**

Date

Daytime Phone #

CR2E083 (10/02)