


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90116 045 \*\*\*138.75

<b>DOCUMENT # L02000024909</b>	
1. Entity Name <b>SENIOR HEALTH SOUTH-EX, LLC</b>	

Principal Place of Business <b>1333 WAYNE STREET 2ND FLOOR READING, PA 19601</b>	Mailing Address <b>100 2ND AVE. S. 901 SOUTH ST. PETERSBURG, FL 33701</b>
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**50003656**

2. Principal Place of Business - No P.O. Box # <b>360 Central Avenue Suite 1550 St. Petersburg, FL 33701</b>	3. Mailing Address <b>c/o 100 Second Avenue South Suite 901 South St. Petersburg, FL 33701</b>
Zip <b>33701</b>	Country <b>FL</b>



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>16-1629362</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SPECTOR GADON &amp; ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERBURG, FL 33701</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TSCHOP, WILLIAM 28 DORCHESTER DR WYOMISSING, PA 19608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dtr Madonna, Harry Dillon 360 Central Ave. Ste. 1550 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clark, Scott 655 S. Gulph Rd. King of Prussia, PA 19404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, Bruce 13714 Via Roma Circle Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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>HARRY DILLON MADONNA</b> <b>4/4/08</b>	DATE	Daytime Phone #
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