2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000024909 1. Entity Name						SECRETARY OF STATE DIVISION OF CORPORATIONS			
SENIOR H	HEALTH SOUTH-EX, LLC			03 JUL -7 AM 8: 18					
Principal Plac	e of Business	Mailing Address		<u> </u>	1		J- 10		
785 FIFTH AVE	•	785 FIFTH AVE.			j				
suite 5 Chambersbur	20. DA 47204	Suite 5 Chambersburg pa 17201							
CHAMBERSOUR	1G PA 17201	CHAMBERSBURG PA 1720	1			i d an dan da n ing madah dib ang da n ing dan ing	BROOK OFFICE BUILDING BA		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		100 2 nd AVC. S. Suite, Apt. #, etc. 901 South							
					CHECK HERE IF MAKING CHANGES				
City & State		City & State St. Peters burg, FL			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Cour	ntry	 		\$5.00 ad	$\overline{}$	
<u> </u>		33701	U	154		ate of Status Desired	Fee Require		
	6. Name and Address of Current F	Registered Agent	_	Name	7. Name a	nd Address of New Regist	tered Agent	··	
WYA	ATT, BART	,		Name					
	SECOND AVE. SOUTH SUITE 901	Street Address			(P.O. Box Num	ber is Not Acceptable)			
ST. I	PETERBURG FL 33701		•			 			
		•		City			Zip Code		
							<u> </u>		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or t	both, in the State of Florida.	I am familiar with,	and accept	
•	Back Wight Pres	:dont	(H)-	Mr. W. X	7	4	1./14/03		
SIGNATURE .	Signature, typed of printed name of registered agent at	nd title if applicable. (NOT	E: Registere	ed Agent signature required	when reinstating)		DATE		
		FILE N	OW!!!	FEE IS \$50.00				_	
		Make Check Payab	le to Fi	orida Departme	nt of State	-[{	
		Du	e By M	ay 1, 2003		<u> </u>			
9.	MANAGING MEMBER Chairman		10.	<u> </u>		ADDITIONS/CHA			
TITLE NAME	Carol Tschop		; TITL NAM			نو رسمان کی رسمان کی رامد رسمان رسمان	Change	Addition	
STREET ADDRESS 785 Fifth Avenue, Sú		vite 5		EET ADDRESS	(U) (N) 20	0001846 5 7/030110600	ວ ສ4ປ 11 **350.0	n (
CITY-ST-ZIP	Chambersburg, PA 172		CITY	'-ST-ZIP	0.0/ 0	1500 01100 OF			
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TITLE			TITL			<u> </u>	☐ Change	☐ Addition	
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NAME			NAM					l	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -st-zip				}	
11. Thereby o	certify that the information supplied with	this filing does not qualify to	r the exe	motion stated in Se	ection 119.07/	3)(i). Florida Statutes I furth	ner certify that the in	oformation	
indicated	on this report is true and accurate and bility company or the receiver or trustee	hat my signature shall have	the same	e legal effect as if n	nade under oa	ath; that I am a managing r	nember or manage	r of the	
armed lia	Same company or the receiver of the	The state of the s	.oporta:	, logoriou by Oridpi	sor 000, 110/10	a simigros.			
CICNAT	TIPE. SHARE	EQUI	RE	Panol	11. tz	chop 4/14/	102		
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OF	AUTHORIZED REPRESE		Date // 1/	Daytime Phone #		