

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073496

DOCUMENT # L02000024909

1. Entity Name

SENIOR HEALTH SOUTH-EX, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 AM 8:18

Principal Place of Business

785 FIFTH AVE.
SUITE 5
CHAMBERSBURG PA 17201

Mailing Address

785 FIFTH AVE.
SUITE 5
CHAMBERSBURG PA 17201

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

Zip

Country

Zip

Country

33701

USA

4. FEI Number

16-1629362

Applied For

Not Applicable

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 SUITE 901-S

ST. PETERBURG 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

(NOTE: Registered Agent signature required when reinstating)

4/14/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman
Carol Tschop
785 Fifth Avenue, Suite 5
Chambersburg, PA 17201

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000018465340
05/07/03--01106--001 **350.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CAROL A. TSCHOP 4/14/03

CR2E083 (10/02)