FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 91268 001 ***950.00

4/28/.

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034469

1. Entity Name

FLORIDA INSTITUTE FOR LONG TERM CARE, LLC

44004000

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 2nd Ave. S.	100 2nd Ave. S.
Suite, Apt. #, etc.: 901 South	Suite, Apt. #, etc.: 901 South
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number: 02-0660404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Senior Health Management c/o Bart Wyatt
100 Second Avenue South
Suite 901 South
City: St Petersburg FL Zip Code: 33701

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, typed or printed name of registered agent and title if applicable.) DATE: 4/14/03

FEE IS $50.00 - Make Check Payable to Florida Department of State - DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Carol A. Tschop
STREET ADDRESS	785 5th Ave.
CITY-ST-ZIP	Chambersburg, PA 17201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Carol A. Tschop 4/14/03

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