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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 # L02000034773

1. Entity Name

FI-HIGHLAND PINES, LLC

44004013

[redacted]

DO NOT WRITE IN THIS SPACE

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: 32-0051433 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Senior Health Management c/o Bart Wyatt

Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue South, Suite 901S

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 — Bart Wyatt — DATE: 4/14/03

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

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	
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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 — Daytime Phone #