

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90002 019 ****50.00

DOCUMENT # L03000018931

1. Entity Name
SENIOR HEALTH MANAGEMENT-GULF COAST, LLC



Principal Place of Business
**100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701**

Mailing Address
**100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701**

24067682



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0024663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYATT, BART
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701**

Name
Spector Gadon & Rosen, LLP

Street Address (P.O. Box Number is Not Acceptable)
360 Central Avenue, Suite 1550

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 the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MLRM
BART WYATT
100 SECOND AVE SOUTH, STE 901S
ST. PETERSBURG, FL 33701**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MLRM
JOYCE KAROLESKY
100 SECOND AVE SOUTH, STE 901S
ST. PETERSBURG, FL 33701**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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 #

Bart Wyatt

4/22/04

(727) 824-8800