

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2005 08:00 AM
Secretary of State

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**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**SPECTOR GADON & ROSEN LLP
360 CENTRAL AVE
STE 1550
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WYATT, BART
100 SECOND AVE SOUTH STE 9015
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KAROLESKI, JOYCE
100 SECOND AVE SOUTH STE 9015
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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IN THIS SPACE**

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05/12/05-80007-003 50.00

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #