

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90114 046 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
31 BEACH DRIVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG FL

Zip

Country

Zip
33701

Country
US

04112007 Chg-LLC CR2E083 (12/06)

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

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, DAN
100 SECOND AVE SOUTH STE 901S
SAINT PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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 exemptions contained in Chapter 119, 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

Don Davis Mgr

Date

4/16/07

Daytime Phone #

727-822-9000