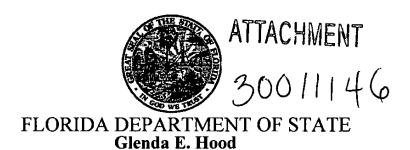
## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 08-29-2005 90039 007 \*\*\*\*50.00 **DOCUMENT # L04000003841** SENIOR HEALTH MANAGEMENT-EX, LLC 30011146 Principal Place of Business Mailing Address 100 SECOND AVENUE SOUTH 100 SECOND AVENUE SOUTH SUITE 901S SUFFE 901S ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08032005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-0863198 City & State Applied For Cirv & State Not Applicab Country \$5.00 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent badin & Rosen SENIOR HEALTH MANAGEMENT, L.L.C. 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 F" feters bus enternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famil 8. The above na SIGNATURE Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. CFO MEMBERS ☐ Change TITLE TITLE BART L. WYATT 100 and AVE SOUTH, STE 9015 OT. ACTEKS DURG; FL 53701 NAME NU. STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZP MEMBER CEO DO SOUCE A HARDIESKI, STE 9015 180 2nd AVE SOUTH, STE 9015 Addition TITLE Delete ☐ Change TITLE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TERSbURG, FL 33701 TITLE ☐ Change ☐ Addition TOTO F Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-27 DITY-ST-ZP TITLE TITLE ☐ Chapce ☐ Addition Octob HALAF STREET ACCRESS STREET ADDRESS C(1Y-S1-2P CLLX-21-50 Deteta TITLE ☐ Change ☐ Addition MILE NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZP C(TY-51-2)P ☐ Change ☐ Addition nne ☐ Detete DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 017-51-79 11. I hereby certify that the information supplied with this filling 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 aame legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. S-18-05 737-896-4600 727-896-4600 SIGNATURE:

**FILED** 

Sep 12, 2005 8:00 am Secretary of State



Secretary of State

August 30, 2005

SENIOR HEALTH MANAGEMENT-EX, LLC 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US

Subject: SENIOR HEALTH MANAGEMENT-EX, LLC

Reference Number:

L04000003841

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION