

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003841

FILED
Mar 08, 2006
Secretary of State

Entity Name: SENIOR HEALTH MANAGEMENT-EX, LLC

Current Principal Place of Business:

100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-0863198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, GADIN & ROSEN
360 CENTRAL AVE
SUITE 1550
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CFOM () Delete
Name: WYATT, BART L
Address: 100 SECOND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: CEOM (X) Delete
Name: HAROLESKI, JOYCE A
Address: 100 SECOND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, DAN
Address: 100 SECOND AVENUE SOUTH, 901S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN DAVIS

MGR

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date