


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2007 90114 045 \*\*\*\*50.00


<b>DOCUMENT # L04000003841</b>	
1. Entity Name <b>SENIOR HEALTH MANAGEMENT-EX, LLC</b>	

Principal Place of Business <b>100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US</b>	Mailing Address <b>100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>31 BEACH DRIVE SE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>ST. PETERSBURG FL</b>
Zip	Country
<b>33701</b>	<b>US</b>

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04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0863198</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPECTOR, GADIN &amp; ROSEN 360 CENTRAL AVE SUITE 1550 ST. PETERSBURG, FL 33701</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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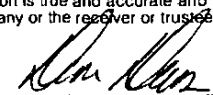
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DAVIS, DAN 100 SECOND AVENUE SOUTH, 901S ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Dan Davis Mgr** **4/16/07** **727-822-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #