2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L04000025250

Entity Name: LTCSP-ST. PETERSBURG, LLC

Current Principal Place of Business:

3479 54TH AVE NORTH
ST. PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

C/O 100 SECOND AVE S
SUITE 901 SOUTH
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-1434722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, PC
360 CENTRAL AVENUE
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:	MGR	( ) Delete
Name:	MADONNA, HARRY DILLON	
Address:	360 CENTRAL AVE STE 1550	
City-St-Zip:	SAINT PETERSBURG, FL 33701 US	
Title:	MGR	( ) Delete
Name:	ADMINISTRATOR	
Address:	3479 54TH AVE NORTH	
City-St-Zip:	ST PETERSBURG, FL 33701 US	
Title:	MGR	( ) Delete
Name:	DIRECTOR OF NURSING	
Address:	3479 54TH AVE NORTH	
City-St-Zip:	ST PETERSBURG, FL 337147238 US	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: HARRY DILLON MADONNA MGR 04/24/2009

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