

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000026656

1. Entity Name
SENIOR HEALTH MANAGEMENT-FLORIDA, LLC



Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

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

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
31 BEACH DRIVE SE

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

Zip
33701

Country
US

6. Name and Address of Current Registered Agent
SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent
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 reinstating) 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 2ND AVENUE SOUTH, STE 901S ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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* 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 #

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

04-24-2007 90114 048 ****50.00



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0983428

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required