

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000069228**

1. Entity Name  
**SENIOR AMERICAN HEALTH SERVICES, LLC**



Principal Place of Business  
**1025 GREENWOOD BOULEVARD  
SUITE 121  
LAKE MARY, FL 32746 US**

Mailing Address  
**1025 GREENWOOD BOULEVARD  
SUITE 121  
LAKE MARY, FL 32746 US**



09052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1650701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ABEL, ALOYSIUS J JR.  
293 DUBLIN DRIVE  
LAKE MARY, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

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)

U00000576703  
09/13/06-800.012 50.00

**Filing Fee Is \$50.00  
Due by September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ABEL, ALOYSIUS J III  
3520 LEGACY COURT  
LONGWOOD, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ABEL, ALOYSIUS J JR.  
293 DUBLIN DRIVE  
LAKE MARY, FL 32746**

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CITY-ST-ZIP

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IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ALOYSIUS J. ABEL, JR.**

**9/12/2006**