2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000069228

1. Entity Name
SENIOR AMERICAN HEALTH SERVICES, LLC

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

08292007 No 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABEL, ALOYSIUS J III
STREET ADDRESS	3520 LEGACY COURT
CITY-ST-ZIP	LONGWOOD, FL 32746
TITLE	MGRM
NAME	ABEL, ALOYSIUS J JR.
STREET ADDRESS	293 DUBLIN DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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09/14/07-80004-006 50.00

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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: X _____ X 9/12/2007 X 8004464633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #