

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 1025 GREENWOOD BOULEVARD SUITE 121 LAKE MARY, FL 32746 US	Mailing Address 1025 GREENWOOD BOULEVARD SUITE 121 LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE



08292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1650701	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABEL, ALOYSIUS J JR. 293 DUBLIN DRIVE LAKE MARY, FL 32746	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

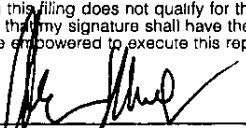
**Filing Fee is \$50.00
Due by September 14, 2007**

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	MGR ABEL, ALOYSIUS J JR. 293 DUBLIN DRIVE LAKE MARY, FL 32746
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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** **9/12/2007** **X** **825446 4633**

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