

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000031072

1. Entity Name  
SENIOR CARE OF HIDDEN OAKS MANAGEMENT, LLC



Principal Place of Business  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

Mailing Address  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619



02142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2595860

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

THORN, REBECCA G  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000858844  
03/28/08-20021-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | SENIOR CARE GROUP, INC.   |
| STREET ADDRESS | 1240 MARBELLA PLAZA DRIVE |
| CITY- ST- ZIP  | TAMPA, FL 33619           |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| TITLE          |  |
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| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

**DO NOT WRITE  
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 # \_\_\_\_\_