

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100045

FILED
Apr 21, 2009
Secretary of State

Entity Name: SELAH SENIORCARE-FOREST LAKE MANOR, LLC

Current Principal Place of Business:

50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-4798937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILIPPONE, WILLIAM T
50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARRISH, ALAN D
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: FILIPPONE, WILLIAM T
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: HEMINGWAY, CLIFFORD
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: TREFZGLER, CHARLES
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN D PARRISH

MM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date