

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100045

FILED  
Apr 27, 2010  
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  
Name: PARRISH, ALAN D  
Address: 50 A1A NORTH, SUITE 110  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

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

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

I hereby 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 PARRISH

MGR

04/27/2010

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