

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097999

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** SENIOR HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

7040 OUTPOST LANE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

8374 MARKET ST. 232  
LAKE WOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOND, VICTORIA A  
7040 OUTPOST LANE  
SARASOTA, FL 34240 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: BOND, VICTORIA A  
Address: 7040 OUTPOST LANE  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM  
Name: BOND, RICHARD T  
Address: 7040 OUTPOST LANE  
City-St-Zip: SARASOTA, FL 34240

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: RICHARD T BOND

MGRM

04/16/2011

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