

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90011 017 ****50.00

DOCUMENT # L99000006374

1. Entity Name
**SOUTH HERITAGE HEALTH & REHABILITATION CENTER, L
LC**



Principal Place of Business
**718 LAKEVIEW AVE., SOUTH
ST.PETERSBURG FL 33705**

Mailing Address
**718 LAKEVIEW AVE., SOUTH
ST.PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4321432**
36-4403592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required.**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311**

Name **Senior Health Management, LLC**
Street Address (P.O. Box Number is Not Acceptable)
c/o Bart Wyatt
100 2nd Avenue So Suite 901 So
City **St Petersburg** FL Zip Code **33701**

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 **Virginia Ramos (Virginia Ramos, Administrator)** 1/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **EXTENDICARE HEALTH FACILITIES, INC.**
STREET ADDRESS **111 W MICHIGAN ST.**
CITY-ST-ZIP **MILWAUKEE WI 53203**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Senior Health Properties South**
STREET ADDRESS **100 2nd Avenue South Suite 901 So**
CITY-ST-ZIP **St Petersburg FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Virginia Ramos (Virginia Ramos, Administrator)** 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(127)
894-5125

CR2E083 (10/02)