

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90578 008 ****50.00

DOCUMENT # M01000002399

1. Entity Name

SENIOR HEALTH MANAGEMENT, L.L.C.

Principal Place of Business

**25 PENNCRAFT AVE
 SUITE 312 THE PROFESSIONAL BLDG
 CHAMBERSBURG PA 17201**

Mailing Address

**25 PENNCRAFT AVE
 SUITE 312 THE PROFESSIONAL BLDG
 CHAMBERSBURG PA 17201**

957343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 SECOND AVE SOUTH

100 SECOND AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 901 S

SUITE 901 S

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33701

33701

4. FEI Number

25-1879950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYATT, BART

14255 49TH ST-N

BLDG 3 SUITE 301

CLEARWATER FL 33762

Name

WYATT, BART

Street Address (P.O. Box Number is Not Acceptable)

100 SECOND AVE SOUTH

SUITE 901 S

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.

SIGNATURE

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **WYATT, BART**
 STREET ADDRESS **14255 49TH ST N BLDG 3 SUITE 301**
 CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **MGR** ☐ Delete
 NAME **DAVIS, DANIEL**
 STREET ADDRESS **14255 49TH ST N BLDG 3 SUITE 301**
 CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)