

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90002 013 ****50.00

DOCUMENT # M01000002399

1. Entity Name
SENIOR HEALTH MANAGEMENT, L.L.C.



Principal Place of Business
**100 SECOND AVE SOUTH
SUITE 901 S
SAINT PETERSBURG, FL 33701**

Mailing Address
**100 SECOND AVE SOUTH
SUITE 901 S
SAINT PETERSBURG, FL 33701**

24067688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

25-1879950

Applied For

Not Applicable

Zip

Country

Zip

Country

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
100 SECOND AVE SOUTH
SUITE 901 S
SAINT PETERSBURG, FL 33701**

Name
Spector Gadon & Rosen, LLP

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

360 Central Avenue, Suite 1550

City **St. Petersburg**

FL

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 *Bart Wyatt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required w/

instating

04/22/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KAROLESKI, JOYCE
4617 MIRABELLA COURT
SAINT PETERSBURG, FL 337062277** ☐ Delete

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

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

Bart Wyatt

Date

Daytime Phone #

4/22/2004 (727) 824-8800