

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002399

FILED  
Mar 08, 2006  
Secretary of State

**Entity Name:** SENIOR HEALTH MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 25-1879950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPECTOR GADON & ROSEN LLP  
360 CENTRAL AVE  
SUITE 1550  
SAINT PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: WYATT, BART  
Address: 14255 49TH ST N BLDG 3 SUITE 301  
City-St-Zip: CLEARWATER, FL 33762

Title: MGR (X) Delete  
Name: KAROLESKI, JOYCE  
Address: 4617 MIRABELLA COURT  
City-St-Zip: SAINT PETERSBURG, FL 337062277

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, DAN  
Address: 100 2ND AVE SOUTH, SUITE 901S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAN DAVIS

MGR

03/08/2006

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