

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000002399</b>	
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 31 BEACH DR SE SAINT PETERSBURG, FL 33701



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 25-1879950	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

SPECTOR GADON & ROSEN LLP  
360 CENTRAL AVE  
SUITE 1550  
SAINT 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, DAN 100 2ND AVE SOUTH, SUITE 901S ST PETERSBURG, FL 33701
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Dan Davis, Mgr 4/22/08 727-822-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #