

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90028 038 *****50.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

Name

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

City

FL

Zip Code

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

Bart Wyatt
(NOTE: Registered Agent Signature required when reinstating)

04/11/2003
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 **MGR** ☐ Delete
NAME **WYATT, BART**
STREET ADDRESS **14255 49TH ST N BLDG 3 SUITE 301**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **MGR** ☐ Change ☒ Addition
NAME **KAROLESKI, JOYCE**
STREET ADDRESS **4617 MIRABELLA COURT**
CITY-ST-ZIP **ST. PETERSBURG, FL 33706-2277**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

04/11/2003
Date

(727)824-8800
Daytime Phone #

CR2E083 (10/02)