



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001686</b>					
<b>1. Entity Name</b> SENIOR HEALTH MANAGEMENT - TAMPA, LLC					
<b>Principal Place of Business</b> 100 SECOND AVE. SOUTH SUITE 901 S. SAINT PETERSBURG, FL 33701			<b>Mailing Address</b> 100 SECOND AVE. SOUTH SUITE 901 S. SAINT PETERSBURG, FL 33701		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06282005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 06-1654426	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPECTOR GADON & ROSEN LLP 360 CENTRAL AVE STE 1550 ST. PETERSBURG, FL 33701			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, BART 100 SECOND AVE SOUTH STE 9015 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000375844 08/08/05-80003-023 50.00	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLESKI, JOYCE 100 SECOND AVE SOUTH STE 9015 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					