

Feb 5, 2010 3:36 PM
Division of Corporations

No. 0449 P. 11
Page 11

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000026828 3)))



H100000268283ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : SPECTOR GADON
Account Number : I20030000027
Phone : (215) 241-8893
Fax Number : (215) 241-8844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT RESIGNATION
SENIOR HEALTH MANAGEMENT - TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

RECEIVED
2010 FEB -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 FEB -5 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
2/8/10

Electronic Filing Menu

Corporate Filing Menu

Help

Feb. 5. 2010 3:36PM

No. 0449 P. 2

FILED

2010 FEB -5 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Spector Gadon & Rosen LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for

Senior Health Management - Tampa, LLC

Name of Limited Liability Company

M02000001686

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Nikki Sobel

Typed or Printed Name

Office Manager

Capacity

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INHS17 (08/05)