

MO2000002504

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September 19, 2002

VIA FEDEX

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

300007901513--4
-09/20/02--01071--004
****125.00 ****125.00

Re: Senior Health Management-Orlando, LLC

Gentlemen/Ladies:

On behalf of the above-referenced Pennsylvania limited liability company, enclosed herewith for filing please find the following:

1. Application by Foreign LLC for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Certificate of Good Standing from Pennsylvania Secretary of State; and
4. Check in the amount of \$125.00 representing the filing and designation fees.

FILED
02 SEP 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	Kindly date-stamp the enclosed copy of the Application and return it in the enclosed, self-addressed envelope.
Availability	
Document	DCC
Signature	DCC
Verifier	DCC
W. P. Verifier	DCC
Acknowledgment	DCC
cc:	Bart Wyatt, President Harry D. Madonna, Esquire
W. P. Verifier	DCC

Very truly yours,

Jill Spalding
Jill Spalding
Legal Assistant

MO2000002504

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Senior Health Management - Orlando, LLC
(Name of foreign limited liability company)
2. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. August 27, 2002
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 785 Fifth Avenue, Suite 5
Chambersburg, PA 17201
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
Managing Member: Senior Health Management, LLC
100 Second Avenue South
Suite 901 S
St. Petersburg, FL 33701
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: _____
Management of nursing home and assisted living facilities.

Senior Health Management, LLC, Sole Member

By: Bart Wyatt

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bart Wyatt, Sole Member of Senior Health Management, LLC

Typed or printed name of signee

02 SEP 20 AM 10:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Senior Health Management - Orlando, LLC

2. The name and the Florida street address of the registered agent and office are:

Bart Wyatt

(Name)

100 Second Avenue South, Suite 901 S

Florida street address (P.O. Box **NOT** ACCEPTABLE)

St. Petersburg, FL 33701

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Bart Wyatt (Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 04, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SENIOR HEALTH MANAGEMENT-ORLANDO, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office shown as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

C. Michael Stewart

Secretary of the Commonwealth

JSOW

FILED
02 SEP 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA