

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002504

FILED
Mar 08, 2006
Secretary of State

Entity Name: SENIOR HEALTH MANAGEMENT - ORLANDO, LLC

Current Principal Place of Business:

100 SECOND AVE. SOUTH
SUITE 901
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

100 SECOND AVE. SOUTH
SUITE 901S
SAINT PETERSBURG, FL 33701

Current Mailing Address:

100 SECOND AVE. SOUTH
SUITE 901
SAINT PETERSBURG, FL 33701

New Mailing Address:

100 SECOND AVE. SOUTH
SUITE 901S
SAINT PETERSBURG, FL 33701

FEI Number: 06-1654421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN LLP
360 CENTRAL AVE
STE 1550
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WYATT, BART
Address: 100 SECOND AVE SOUTH STE 9015
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR (X) Delete
Name: KAROLESKZ, JOYCE
Address: 100 SECOND AVE SOUTH STE 9015
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, DAN
Address: 100 SECOND AVE SOUTH STE 901S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN DAVIS

MGR

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date