


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90114 044 ****50.00

| | |
|---|---|
| DOCUMENT # M02000002504 |  |
| 1. Entity Name SENIOR HEALTH MANAGEMENT - ORLANDO, LLC | |

| | |
|--|--|
| Principal Place of Business 100 SECOND AVE. SOUTH SUITE 901S SAINT PETERSBURG, FL 33701 | Mailing Address 100 SECOND AVE. SOUTH SUITE 901S SAINT PETERSBURG, FL 33701 |
|--|--|

60039606

| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 31 BEACH DRIVE SE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State ST. PETERSBURG FL |
| Zip | Country US |



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
06-1654421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| |
|---|
| 6. Name and Address of Current Registered Agent |
| SPECTOR GADON & ROSEN LLP 360 CENTRAL AVE STE 1550 ST PETERSBURG, FL 33701 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to:
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DAVIS, DAN 100 SECOND AVE SOUTH STE 901S SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dan Davis Mgr 4/16/07 727-822-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #