Florida Department of State
Division of Corporations
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(((H10000026829 3)))

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

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

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

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REGISTERED AGENT RESIGNATION
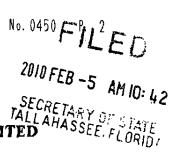## SENIOR HEALTH MANAGEMENT - ORLANDO, LLC

Certificate of Status	0
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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 - Orlando, LLC_____

_____
Name of Limited Liability Company

_____M02000002504_____
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           withdrawn limited liability company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)