

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90028 037 *****50.00

0073488

DOCUMENT # M02000002504

1. Entity Name

SENIOR HEALTH MANAGEMENT - ORLANDO, LLC



Principal Place of Business

**785 FIFTH AVENUE, SUITE 5
CHAMBERSBURG PA 17201**

Mailing Address

**785 FIFTH AVENUE, SUITE 5
CHAMBERSBURG PA 17201**

2. Principal Place of Business

100 SECOND AVE SOUTH

3. Mailing Address

100 SECOND AVE SOUTH

Suite, Apt. #, etc.

SUITE 901 S

Suite, Apt. #, etc.

SUITE 901 S

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

Zip

33701

Country



☐ CHECK HERE IF MAKING CHANGES

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

**WYATT, BART
100 SECOND AVENUE SOUTH, SUITE 901 S
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

Signature, typed or printed name of registered agent and title if applicable.

Bart Wyatt

(NOTE: Registered Agent Signature required when reinstating)

04/11/2003

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENIOR HEALTH MANAGEMENT, LLC 100 SECOND AVENUE SOUTH, SUITE 901 S ST PETERSBURG FL 33701	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED Bart Wyatt

Date

04/11/2003

Daytime Phone #

(727) 824-8800

CR2E083 (10/02)