

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004073

FILED
Apr 28, 2009
Secretary of State

Entity Name: LONG TERM CARE INSTITUTE OF ST. PETERSBURG, LLC

Current Principal Place of Business:

360 CENTRAL AVENUE
SUITE 1550
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

C/O 100 SECOND AVENUE SOUTH
SUITE 901S
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-1237632 **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
SUITE 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: MADONNA, HARRY D
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR (X) Delete
Name: GALLAHER, RHONDA
Address: 109 AMES LANE
City-St-Zip: GRAMPIAN, PA 16838 US

Title: MGR (X) Delete
Name: VAITKUS, ELENA
Address: 2451 VINA DEL MAR BLVD.
City-St-Zip: ST. PETE BEACH, FL 33706 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HARRY DILLON MADONNA

MGR

04/28/2009

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