1. Entity Na	MENT # N030000					02-17-200	, 2006 8 tary of 06 90065 036 *	****6
1801 CLINI SUITE 200	ce of Business MOORE ROAD N, FL 33487	Mailing Address 500 LAKE COOK ROAI SUITE 130 DEERFIELD, IL 60015			I KOTININA KII KO	60013		(1111 <b>  </b>     <b> </b> 1
2. Principal Place of Business		3. Mailing Address						
550 Frontage Road Suite, Apt. #, etc.		550 Frontage Road Suite, Apt. #, etc.			01182006	Chg-NP	CR2E037 (11/05)	
<u>Ste. 2</u> City & Sta	ite	Ste. 2650 City & State	· · · · · · · · · · · · · · · · · · ·		FEI Number		, , <i>, , , , , , , , , , , , , , , </i>	Applied
Northf Zip	ield, IL Country	Northfield, IL Zip	Country	<u> </u>	71-09438		¢0 75 .	Not App
60093	6. Name and Address of Currer	60093	USA		. Certificate of	Status Desired	Fee Requi	red
1201 HAY	ATION SERVICE COMPANY 'S STREET SSEE, FL 32301-2525		Name Street / City	Address (P.O	). Box Number i	s Not Acceptable)	<u>,</u>	<u> </u>
8. The above the obligation of the obligation of	a named entity submits this statement lions of registered agent. Signature, typed or printed name of registered age Filling Fee is \$61.25	ni and title V applicable. (NOT 9. Election Ca	E: Registered Agent signe mpaign Financing	slure required who	n reinslating)	Ma	DATE Ske check payable	to
the obliga	lions of registered agent.	nt and this if applicable. (NOT 9. Election Ca Trust Fund (	E: Registered Agent signe	sture required who	n reinstating) 5.00 May Be ded to Fees	Ma Floric	DATE	to State
the obliga	Signature, typed or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2006	nt and this ¥ applicable. (NOT 9. Election Ca Trust Fund to DRECTORS	E: Registered Agent signe mpaign Financing Contribution.	ADE PD Weinste 550 Fro	n ministating) 5.00 May Be ded to Fees MITIONS/CHAN 211, Rober ntage Roa	Ma Floric GES TO OFFICER t M.D. 1. Ste. 265(	DATE ske check payable da Department of S IS AND DIRECTORS I SC X Change	to State N 10
the oblige SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. hyped or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD WEINSTEIN, ROBERT M.D. 500 LAKE COOK ROAD, STE 1	nt and this ¥ applicable. (NOT 9. Election Ca Trust Fund to DRECTORS	E: Repiatered Agent signs mpaign Financing Contribution. 11. Title NAME 3: STREET ADDRESS	ADE PD Weinste 550 Fro	5.00 May Be ded to Fees MICONS/CHAN	Ma Floric GES TO OFFICER t M.D. 1. Ste. 265(	DATE ske check payable da Department of S IS AND DIRECTORS I SC X Change	to State N 10
the oblige SIGNATURE 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. Hyped or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD WEINSTEIN, ROBERT M.D. 500 LAKE COOK ROAD, STE 1 DEERFIELD, IL 60015 TSD ROSENBERG, MELVIN 500 N MICHIGAN, STE 1700	In and Ne Vapolicable. (NOT 9. Election Cau Trust Fund ( DIRECTORS Delate	E: Repietered Agent signs mpaign Financing Contribution. 111. Title NAME 3: STREET ADDRESS CITY-ST-ZIP Title NAME STREET ADDRESS	Add Add PD Weinste 550 Fro Northfi	n ministating) 5.00 May Be ded to Fees MITIONS/CHAN 211, Rober ntage Roa	Ma Floric GES TO OFFICER t M.D. 1. Ste. 265(	DATE Ske check payable da Department of S IS AND DIRECTORS I SC [X] Change 0	to State N 10
the oblige SIGNATURE 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Signature. Hyped or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD WEINSTEIN, ROBERT M.D. 500 LAKE COOK ROAD, STE 1 DEERFIELD, IL 60015 TSD ROSENBERG, MELVIN 500 N MICHIGAN, STE 1700	ISO	E: Repailered Agent signs mpaign Financing Contribution. 11. Title NAME 3: STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Add Add PD Weinste 550 Fro Northfi	n ministating) 5.00 May Be ded to Fees MITIONS/CHAN 211, Rober ntage Roa	Ma Floric GES TO OFFICER t M.D. 1. Ste. 265(	CATE ake check payable da Department of S IS AND DIRECTORS I Change O Change	to State N 10
the oblige SIGNATURE 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature. Hyped or printed name of registered age Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD WEINSTEIN, ROBERT M.D. 500 LAKE COOK ROAD, STE 1 DEERFIELD, IL 60015 TSD ROSENBERG, MELVIN 500 N MICHIGAN, STE 1700	ri and title if applicable. (NOT 9. Election Cau Trust Fund ( DIRECTORS Delete	E: Repistered Agent sign mpaign Financing Contribution. 11. 11. 11. 11. NAME 3: STREET ADDRESS CITY-ST-ZIP 11. NAME STREET ADDRESS CITY-ST-ZIP 11. NAME STREET ADDRESS CITY-ST-ZIP 11. 11. 11. 11. 11. 11. 11. 11	Add Add PD Weinste 550 Fro Northfi	n ministating) 5.00 May Be ded to Fees MITIONS/CHAN 211, Rober ntage Roa	Ma Floric GES TO OFFICER t M.D. 1. Ste. 265(	DATE ske check payable da Department of S IS AND DIRECTORS I Change Change	to State

## LAW OFFICES

## NEAL, GERBER & EISENBERG LLP

TWO NORTH LA SALLE STREET CHICAGO, ILLINOIS 60602-3801 (312) 269-8000 www.ngelaw.com

DEBORAH L. KRUZEL PARALEGAL (312) 269-5305

ATTACHMENT 600 17549 FAX: (312)750-6476 DKRUZEL@NGELAW.COM

February 14, 2006

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: South Florida Senior Residence, Inc.

Dear Sir or Madam:

Enclosed for filing regarding the above-referenced entity is the 2006 Not-For-Profit Corporation Annual Report. Also enclosed is a check made payable to the Florida Departments of State in the amount of \$61.25 to cover the cost of the filing fee.

Please file this document at your earliest convenience and return a file stamped copy of the document to me in the envelope provided.

If you have any questions, do not hesitate to contact me.

Very truly yours,

Krugel Deborah L. Kruze

Paralegal

Enclosures

. :

cc: Robert J. Weinstein, M.D. Alan C. Brown, Esq.

.

Figure 1. Second statements and the second statement of the second statemen

NGEDOCS: 016086.0006:1252416.1

- 4 g