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**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 JUN 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007574			
1. Entity Name SENIOR HEALTH PROPERTIES-SOUTH, INC.			
Principal Place of Business % SENIOR HEALTH MANAGEMENT, L.L.C. 100 SECOND AVENUE SOUTH, SUITE 9015 ST. PETERSBURG, FL 33701		Mailing Address % SENIOR HEALTH MANAGEMENT, L.L.C. 100 SECOND AVENUE SOUTH, SUITE 9015 ST. PETERSBURG, FL 33701	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number 31-1571683		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SOBEL, NIKKI SPECTOR, GADON & ROSEN, LLP 380 CENTRAL AVENUE, SUITE 1500 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. (NOTE: Registered Agent signature required when replacing)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Form	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowering.			
SIGNATURE: <u>William P. Tschop</u>		4/28/06 610-678-7859	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

NO. 5781 P. 2

SENIOR HEALTH PROPERTIES

APR. 28. 2006 9:58AM