

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007574

FILED
Apr 27, 2007
Secretary of State

Entity Name: SENIOR HEALTH PROPERTIES-SOUTH, INC.

Current Principal Place of Business:

% SENIOR HEALTH MANAGEMENT, L.L.C.
100 SECOND AVENUE SOUTH, SUITE 901S
ST. PETERSBURG, FL 33701

New Principal Place of Business:

1333 WAYNE STREET
STE. E, 2ND FLOOR
READING, PA 19601

Current Mailing Address:

% SENIOR HEALTH MANAGEMENT, L.L.C.
100 SECOND AVENUE SOUTH, SUITE 901S
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 31-1571683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBEL, NIKKI
SPECTOR, GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1500
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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: TSCHOP, WILLIAM
Address: 28 DORCHESTER DR
City-St-Zip: WYOMISSING, PA 19610

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: TSCHOP, WILLIAM
Address: 28 DORCHESTER DR
City-St-Zip: WYOMISSING, PA 19610 US

Title: D () Change (X) Addition
Name: HALL, BRUCE
Address: 13714 VIA ROMA CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Change (X) Addition
Name: CLARK, SCOTT
Address: 655 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19404 US

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TSCHOP

CP

04/27/2007

Electronic Signature of Signing Officer or Director

Date