

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90184 007 \*\*\*\*50.00

**DOCUMENT # L01000012542**

1. Entity Name

**CORAL HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business

**10210 HIGHLAND MANOR DRIVE STE.410  
TAMPA FL 33610**

Mailing Address

**10210 HIGHLAND MANOR DRIVE STE.410  
TAMPA FL 33610**

2. Principal Place of Business

**216 Santa Barbara Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**10210 Highland Manor Dr.**

Suite, Apt. #, etc.

**Suite 250**

City & State

**Cape Coral, FL**

City & State

**Tampa, FL**

Zip

**33991**

Country

**USA**

Zip

**33610**

Country

**USA**

4. FEI Number

**58-2639427**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGR DAHL, ALAN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10210 HIGHLAND MANOR DRIVE STE.410 TAMPA FL 33610	
TITLE NAME	MGR DUPLANTIS, PATRICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10210 HIGHLAND MANOR DRIVE STE.410 TAMPA FL 33610	
TITLE NAME	MGR CHALMERS, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	400 PERIMETER CENTER TERRACE ATLANTA GA 30346	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGRM Epsilon Health Care Properties, LLC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10210 Highland Manor Dr., Ste. 250 Tampa, FL 33610	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:**

**Patrick Duplantis, Auth. Rep., 3/20/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #