

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012549

1. Entity Name  
**BRANDON HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business  
400 PERIMETER CENTER TERRACE  
ATLANTA, GA 30346

Mailing Address  
ONE PROFESSIONAL CENTER  
ONE NE FIRST AVE., STE. 302  
OCALA, FL 34470

**FILED**

03 APR 22 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
10210 Highland Manor Drive

3. Mailing Address  
10210 Highland Manor Drive

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.  
Suite 410

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip Country  
33610 USA

Zip Country  
33610 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**58-2639425**

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

800016683448  
4/22/03--01077--003 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERRACE ATLANTA, GA 30346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CENTER TERRACE ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CENTER TERRACE ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dahl, Alan C 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Patrick Duplantis, Manager 4/16/03 813-744-2800

Date

Daytime Phone #

CR2E083 (10/02)