

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012554

1. Entity Name
CROSS CREEK HEALTH CARE ASSOCIATES, LLC



FILED

03 APR 22 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

Mailing Address
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

2. Principal Place of Business
10210 Highland Manor Drive
Suite, Apt. #, etc.
Suite 410

3. Mailing Address
10210 Highland Manor Drive
Suite, Apt. #, etc.
Suite 410



☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
58-2639430

Applied For
Not Applicable

Zip Country
33610 USA

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33610 USA

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 resigning)

DATE

FILE NOW! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

300016688283

22/03--01083--024 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DAHL, ALAN C
STREET ADDRESS 400 PERIMETER CTR TERR, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☒ Delete
NAME GRISWOLD, DARYL R
STREET ADDRESS 400 PERIMETER CTR TERR, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGRM ☒ Delete
NAME FLORIDA HEALTH CARE PROPERTIES, LLC
STREET ADDRESS 400 PERIMETER CTR TERR, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Dahl, Alan C.
STREET ADDRESS 10210 Highland Manor Drive, Suite 410
CITY-ST-ZIP Tampa, FL 33610

TITLE MGR ☐ Change ☒ Addition
NAME Duplantis, Patrick
STREET ADDRESS 10210 Highland Manor Drive, Suite 410
CITY-ST-ZIP Tampa, FL 33610

TITLE MGR ☐ Change ☒ Addition
NAME Chalmers, James
STREET ADDRESS 10210 Highland Manor Drive, Suite 410
CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

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

Patrick Duplantis, Manager

One

Daytime Phone #

416103 813-744-2800

CR2E083 (10/02)