

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012561

1. Entity Name
EVANS HEALTH CARE ASSOCIATES, LLC



FILED

03 APR 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
400 PERIMETER CENTER TERRACE, STE 650
ONE NE FIRST AVE., STE. 302
ATLANTA, GA 30346

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
33610

Country
USA

Zip
33610

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2639438

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 resigning)

DATE

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

300016685133
04/22/03--01077--019 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DAHL, ALAN C
400 PERIMETER CENTER TERRACE, STE 650
ATLANTA, GA 30346

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GRISWOLD, DARYL R
400 PERIMETER CENTER TERRACE, STE 650
ATLANTA, GA 30346

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
FLORIDA HEALTH CARE PROPERTIES, LLC
400 PERIMETER CENTER TERRACE, STE 650
ATLANTA, GA 30346

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Dahl, Alan C.
10210 Highland Manor Drive, Suite 410
Tampa, FL 33610

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Duplantis, Patrick
10210 Highland Manor Drive, Suite 410
Tampa, FL 33610

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Chalmers, James
10210 Highland Manor Drive, Suite 410
Tampa, FL 33610

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 606, 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)