

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 043 ****50.00

60030882



02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **58-2639440** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L01000012562
1. Entity Name
FLETCHER HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
**518 WEST FLETCHER AVE
TAMPA, FL 33612**

Mailing Address
**10210 HIGHLAND MANOR DRIVE STE. 250
TAMPA, FL 33612**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
**303 Perimeter Center North
Suite 500**

City & State
Atlanta, GA

Zip
30346

Country
US

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Johnnie D. Gonzalez 518 West Fletcher Avenue Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Johnnie D. Gonzalez **2-7-07 813-265-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #