

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90430 007 ****50.00

DOCUMENT # L01000012565

1. Entity Name
GULF COAST HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
**1937 JENKS AVE
PANAMA CITY, FL 32405**

Mailing Address
**10210 HIGHLAND MANOR DRIVE STE. 250
TAMPA, FL 33610**

60030870



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

303 Perimeter Center North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

02052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Atlanta, GA

4. FEI Number
58-2639441

Applied For
Not Applicable

Zip

Country

Zip

Country

30346

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**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** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Manager
Carolyn Friday
1937 Jenks Avenue
Panama City, FL 32405** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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

2/7/07
Date

Daytime Phone #