


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90184 014 ****50.00

DOCUMENT # L01000012567 1. Entity Name HERITAGE HEALTH CARE ASSOCIATES, LLC	
---	---

Principal Place of Business 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610	Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610
--	--

29043000



MOORE CR2E083 (11/03)

2. Principal Place of Business 1026 Albee Farm Road Suite, Apt. #, etc.	3. Mailing Address 10210 Highland Manor Dr. Suite, Apt. #, etc. Suite 250
--	--

City & State Venice, FL	City & State Tampa, FL
-----------------------------------	----------------------------------

4. FEI Number 58-2639444	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 34292	Country USA	Zip 33610	Country USA
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHL, ALAN C	NAME	Epsilon Health Care Properties, LLC
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE. 410	STREET ADDRESS	10210 Highland Manor Dr., Ste. 250
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	Tampa, FL 33610
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPLANTIS, PATRICK	NAME	
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE. 410	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALMERS, JAMES	NAME	
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE. 410	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Patrick Duplantis, Auth. Rep., 3/20/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #