2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

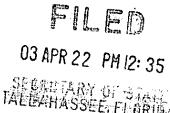
1. Entity Name HERITAGE HEALTH CARE ASSOCIATES, LLC

DOCUMENT # L01000012567



Principal Place of Business

Mailting Address



400 PERIME STE 650 ATLANTA, GA	TER CENTER T A 30346	ERR	400 PERIMETER CENTER TERR STE 650 ATLANTA, GA 30346				TAETAHASSEE, FLORIGA						
2. Principal F	Place of Busin	ess	3. Mailing Address										
			10210 Highland Manor Drive										
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
Suite 410 City & State			Suite 410 City & State				4. FEI Number Applied For						
Tampa, FL			Tampa, FL			}	58-2639444			4		t Applicable	=
Zìp		Country	. Zip	Coun			5. Certifica	te of Stati	io Dactran		\$5.00 Add	litional	٦
33610	33610 USA		33610 US		<u>A</u>						Fee Require	d	╛
	5. Name	and Address of Current R	legistered Agent		Name		7. Name a	nd Addre	ss of New	Registered	Agent		4
C T CORPORATION SYSTEM			Naire										╽
	TH PINE ISLA ON, FL 3332		Street			ddress (P	O. Box Nun	nber is No	t Accepta	ble)			7
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					City					FL	Zip Cod		
8. The above	e named entity tions of registe	submits this statement for	the purpose of changing its	registere	ed office o	r registere	ed agent, or i	ooth, in the	e State of	Florida. I am	lamiliar with,	and accept	7
the conga	arons or regise	sieu agent.											
SIGNATURE	Signature, typed o	or printed name of registered agent an	d tide if applicable. (NOT	Registere	ad Agentaignet	ure required v	ellen einstering)			DATE			
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9.		MANAGING MEMBER	u Du		ay 1, 2005	area (All Marie 1981)						(* 1 1 1	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3(I), Fiorida 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 of Trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Patrick Duplantis, Manager 4 (4 o 3813-744-2800 **SIGNATURE**