2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000012568



FILED Apr 30, 2008 8:00 am Secretary of State

KISSIMMEE HEALTH CARE ASSOCIATES, LLC							04-30-20	06 9003	9017 13	06.73	
Principel Place of Business Mailing Address 1120 W DONEGAN AVE 303 PERIMETER CENTER NORTH KISSIMMEE, FL 34741 US SUITE 500 ATLANTA, GA 30346					H		e spenten en			1.70 OTTOR GOVERN MITTER F	17111 1111111111
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03282008	Chg-LLC	CR	2E083 (12/06)	
City & State			City & State				4. FEI Numbe 58-263				oplied For ot Applicable
Žip		Country	Zτρ	ry		Certificate of Status Desired					
	6. Name	and Address of Current R	legistered Agent				7. Name and	Address of Ne	w Register	ed Agent	
CORPORA	ATION SE	RVICE COMPANY			Name						
1201 HAY	S STREET		St			eet Address (P.O. Box Number is Not Acceptable)					
					City	· · · · · · · · · · · · · · · · · · ·				Zip Cod	le
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.						r registere	ed agent, or bo	th, in the State o			and accept
SIGNATURE.											
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signet	redried	when reinstating)		DA	TE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							I				
										k payable to rtment of Stat	te
				10.				Flo		rtment of Stat	CB
After May		Fee will be \$538.75	RS/MANAGERS	10.		MGR		Flo	rida Depa	rtment of Stat	
After May 9.	y 1, 2008	Fee will be \$538.75	RS/MANAGERS EX Detete	-		MGR Jose A	licea	Flo	rida Depa	rtment of Stat	R Addition
9.	MGRM EPSILON	Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS EX Detete ERTIES, LLC	TITLE		Jose A 1120 V	Vest Donegan	ADDITIO Avenue	rida Depa	rtment of Stat	
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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:

Posed) Weces Jose Alicea, Manager

4-22-08

407-847-2854

Dete

Daytime Phone #