

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L01000012568**

1. Entity Name  
**KISSIMMEE HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business 400 PERIMETER CENTER TERR STE 650 ATLANTA, GA 30346	Mailing Address 400 PERIMETER CENTER TERR STE 650 ATLANTA, GA 30346
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2. Principal Place of Business 10210 Highland Manor Drive Suite, Apt. #, etc. Suite 410 City & State Tampa, FL Zip 33610	Country USA	3. Mailing Address 10210 Highland Manor Drive Suite, Apt. #, etc. Suite 410 City & State Tampa, FL Zip 33610	Country USA
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**FILED**  
03 APR 22 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



4. FEI Number <b>58-2639452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$50.00 Make Check Payable to Florida Department of State DUE BY May 1, 2003	<b>200016683652</b> /22/03--01077--010 **50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERR, STE 650 ATLANTA, GA 30346 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dahl, Alan C 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CENTER TERR, STE 650 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CENTER TERR, STE 650 ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610 <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
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
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

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 606, Florida Statutes.

**SIGNATURE:**  Patrick Duplantis, Manager **4/16/03** 813-744-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)