

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90392 012 \*\*\*\*50.00

DOCUMENT # L01000012569

1. Entity Name

Lake Mary Health Care Associates, LLC

**DO NOT WRITE IN THIS SPACE**

956088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Perimeter Center Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30346

Country

USA

Zip

Country

4. FFI Number

58-2639453

Applied Fee

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

City

Plantation

FL

Zip Code  
33324

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.

SIGNATURE

Signature, typed or printed name of registered agent or both if applicable.

DATE

FEE IS \$50.00.

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

FILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Alan C. Dahl  
400 Perimeter CenterTerrace, Ste 650  
Atlanta, GA 30346

FILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Daryl R. Griswold  
400 Perimeter CenterTerrace, Ste 650  
Atlanta, GA 30346

FILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Florida Health Care Properties, LLC  
400 Perimeter CenterTerrace, Ste 650  
Atlanta, GA 30346

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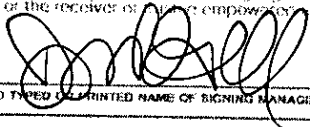
STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(b) 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. I am a managing member or manager of the limited liability company or the receiver or authorized empowere to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:



Daryl R. Griswold, Manager

04/26/2002

(770) 730-1150

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

DATE

Daytime Phone #

CR2E083B (12/01)