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

956068

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2. Principal Place of Business	3. Mailing Address
400 Perimeter Center Terrace	Same
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.:
City & State: Atlanta, GA	City & State:
Zip: 30346 Country: USA	Zip: Country:

4. FEI Number: 58-2639453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: Manager NAME: Alan C. Dahl STREET ADDRESS: 400 Perimeter CenterTerrace, Ste 650 CITY-ST-ZIP: Atlanta, GA 30346	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Manager NAME: Daryl R. Griswold STREET ADDRESS: 400 Perimeter CenterTerrace, Ste 650 CITY-ST-ZIP: Atlanta, GA 30346	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Member NAME: Florida Health Care Properties, LLC STREET ADDRESS: 400 Perimeter CenterTerrace, Ste 650 CITY-ST-ZIP: Atlanta, GA 30346	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E083B (12/01)

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: _____ 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 #