

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012569

1. Entity Name
LAKE MARY HEALTH CARE ASSOCIATES, LLC



FILED

03 APR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

Mailing Address
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

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



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2639453
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400016687364
04/22/03--01083--009 **\$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CENTER TERRACE, SUITE 650 ATLANTA, GA 30346	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dahl, Alan C 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, 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)