2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Name LAKELAND HEALTH CARE ASSOCIATES, LLC						04-13-2006 9	•		
Principal Place of Business 1010 CARPENTERS WAY LAKELAND, FL 33809		Mailing Address 10210 HIGHLAND MANOR DRIVE, SUITE 250 TAMPA, FL 33610							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006	Chg-LLC	CR2E083	(11/05)	
City & State		City & State		4. FEI Numb 58-263				pplied For ot Applicable	
Zip	Country. Zip Cour		Coun	itry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY				Name					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Addre	ess (P.O. Box Numb	per is Not Acceptable	e) 		
				City			FL	Zip Cod	е
The above named enti- the obligations of regis	ty submits this statement for tered agent.	the purpose of changing its	register	ed office or reg	istered agent, or bo	oth, in the State of Flo	orida. I am fan	niliar with,	and accept
SIGNATURE	d or printed name of registered agent er	nd title if applicable. (NOTE	: Registere	d Agent signature re	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
									9
Due by Ma		RS/MANAGERS	10.				a Departmen		•
9. TITLE MGRM	y 1, 2006 MANAGING MEMBER	Delete	TITLE			Florida	Departmen CHANGES		Addition
9. IIILE MGRM NAME EPSILON	MANAGING MEMBER I HEALTH CARE PROPE	Delete ERTIES, LLC	TITLE	IE :	ale Member	Florida ADDITIONS/	Departmen CHANGES	t of State	
9. IIILE MGRM NAME EPSILON STREET ADDRESS 10210 HI	y 1, 2006 MANAGING MEMBER	Delete ERTIES, LLC	TITLE NAM STRE	EET ADDRESS S	ole Member	Florida ADDITIONS/	Departmen CHANGES	t of State	
9. TITLE MGRM EPSILON STREET ADDRESS 10210 HI CITY-ST-ZIP TAMPA, I	MANAGING MEMBER HEALTH CARE PROPE GHLAND MANOR DR., S	Delete ERTIES, LLC	TITLE NAM STRE	EET ADDRESS S	psilon Healt	ADDITIONS/ h Care Prope	CHANGES Crties, LL(Change	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE