

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90430 049 \*\*\*\*50.00

**DOCUMENT # L01000012570**

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



Principal Place of Business  
**1010 CARPENTERS WAY  
LAKELAND, FL 33809**

Mailing Address  
**10210 HIGHLAND MANOR DRIVE, SUITE 250  
TAMPA, FL 33610**

**60030876**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**303 Perimeter Center North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 500**

02052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

**Atlanta, GA**

4. FEI Number  
**58-2639455**

Applied For  
Not Applicable

Zip

Country

Zip

**30346**

Country

**US**

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  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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 signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **EPSILON HEALTH CARE PROPERTIES, LLC**  
STREET ADDRESS **10210 HIGHLAND MANOR DR., STE. 250**  
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **Manager** ☐ Change ☒ Addition  
NAME **Brian McCoy**  
STREET ADDRESS **1010 Carpenters Way**  
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. 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.

SIGNATURE: **B. J. McCoy**

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

Date

Daytime Phone #

**2/8/07**

**863 813 0488**