2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 24 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012570

1. Entity Name
LAKELAND HEALTH CARE ASSOCIATES, LLC

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346	ONE PROFESSIONAL CENTER ONE NE FIRST AVE., STE. 302 OCALA, FL 34470

2. Principal Place of Business	3. Mailing Address
10210 Highland Manor Drive	10210 Highland Manor Drive
Suite, Apt. #, etc.: Suite 410	Suite, Apt. #, etc.: Suite 410
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33610 Country: USA	Zip: 33610 Country: USA

4. FEI Number: 58-2639455 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

400016961741
04/24/03--01052--019 **50.00

9. MANAGING MEMBERS/ MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346	☐ Delete	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 GRISWOLD, DARYL R 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 22610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346	☒ Delete	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 #