


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90042 001 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L01000012571</b>                             |  |
| 1. Entity Name<br><b>LARGO HEALTH CARE ASSOCIATES, LLC</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>9035 BRYAN DAIRY RD<br/>SEMINOLE, FL 33777</b> | Mailing Address<br><b>10210 HIGHLAND MANOR DRIVE STE. 410<br/>TAMPA, FL 33610</b> |
|--|---|

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>10210 HIGHLAND MANOR DR.</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.<br><b>SUITE 250</b>               |
| City & State                   | City & State<br><b>TAMPA, FL</b>                      |
| Zip                            | Zip<br><b>33610</b>                                   |
| Country                        | Country<br><b>USA</b>                                 |



04262005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>58-2639456</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|---|---|

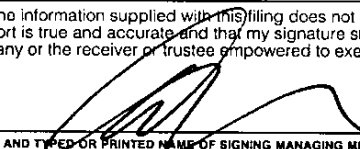
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>EPSILON HEALTH CARE PROPERTIES, LLC<br/>10210 HIGHLAND MANOR DRIVE STE. 410<br/>TAMPA, FL 33610</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SOLE MEMBER<br/>EPSILON HEALTH CARE PROPERTIES, LLC<br/>10210 HIGHLAND MANOR DR. STE. 250<br/>TAMPA, FL 33610</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**  **PATRICK DUPLANTIS,**  
AUTHORIZED REPRESENTATIVE  
OF SOLE MEMBER  
(813) 744-2800 DAYTIME PHONE  
4/26/2005

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