

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90430 050 \*\*\*\*50.00

**DOCUMENT # L01000012571**

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



Principal Place of Business  
**9035 BRYAN DAIRY RD  
SEMINOLE, FL 33777**

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

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

3. Mailing Address  
**303 Perimeter Center North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 500**

City & State

City & State  
**Atlanta, GA**

Zip

Country

Zip  
**30346**

Country

**US**

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**58-2639456**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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 signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **Manager**  
STREET ADDRESS **Jena Carpenter**  
CITY-ST-ZIP **9035 Bryan Dairy Road  
Seminole, FL 33777**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:**

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

**2/9/07**  
Date

Daytime Phone #