

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90184 040 ****50.00

DOCUMENT # L01000012573

1. Entity Name

MERRITT ISLAND HEALTH CARE ASSOCIATES, LLC



Principal Place of Business

**10210 HIGHLAND MANOR DRIVE STE.410
TAMPA FL 33610**

Mailing Address

**10210 HIGHLAND MANOR DRIVE STE.410
TAMPA FL 33610**

2. Principal Place of Business

125 Alma Boulevard

Suite, Apt. #, etc.

3. Mailing Address

10210 Highland Manor Dr.

Suite, Apt. #, etc.

Suite 250

City & State

Merritt Island, FL

City & State

Tampa, FL 33610

Zip

32953

Country

USA

Zip

33610

Country

USA

4. FEI Number

58-2639463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	DAHL, ALAN C	
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE.410	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	DUPLANTIS, PATRICK	
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE.410	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CHALMERS, JAMES	
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE STE.410	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Epsilon Health Care Properties, LLC	
STREET ADDRESS	10210 Highland Manor Dr., Ste. 250	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, Auth. Rep., 3/20/2004

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

Date

Daytime Phone #