LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90392 017 ****50.00

DOCUMENT # L01000012575

1. Entity Name

North Florida Health Care Associates, LLC

DO NOT WRITE IN THIS SPACE

956083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Perimeter Center Terrace	Same
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.:
City & State: Atlanta, GA	City & State:
Zip: 30346 Country: USA	Zip: Country:

4. FEI Number: 58-2639465 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE
*Signature required when box in item 7 is checked.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Alan C. Dahl 400 Perimeter CenterTerrace, Ste 650 Atlanta, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Daryl R. Griswold 400 Perimeter CenterTerrace, Ste 650 Atlanta, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Florida Health Care Properties, LLC 400 Perimeter CenterTerrace, Ste 650 Atlanta, GA 30346
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CR2E083B (12/01)

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 609, Florida Statutes.

SIGNATURE: _____ Daryl R. Griswold, Manager 04/26/2002 (770) 730-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Title — Daytime Phone #