

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 005 \*\*\*\*50.00

**DOCUMENT # L01000012575**

1. Entity Name

**NORTH FLORIDA 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

**6700 NW 10th Place**

Suite, Apt. #, etc.

3. Mailing Address

**10210 Highland Manor Dr.**

Suite, Apt. #, etc.

**Suite 250**

City & State

**Gainesville, FL**

City & State

**Tampa, FL**

Zip

**32605**

Country

**USA**

Zip

**33610**

Country

**USA**

4. FEI Number

**58-2639465**

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** ☒ Delete  
NAME **DAHL, ALAN C**  
STREET ADDRESS **10210 HIGHLAND MANOR DRIVE STE. 410**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **MGR** ☒ Delete  
NAME **DUPLANTIS, PATRICK**  
STREET ADDRESS **10210 HIGHLAND MANOR DRIVE STE. 410**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **MGR** ☒ Delete  
NAME **CHALMERS, JAMES**  
STREET ADDRESS **10210 HIGHLAND MANOR DRIVE STE. 410**  
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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Epsilon Health Care Properties, LLC**  
STREET ADDRESS **10210 Highland Manor Dr., Ste. 250**  
CITY-ST-ZIP **Tampa, FL 33610**

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 #