

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90430 005 \*\*\*\*50.00

**DOCUMENT # L01000012575**

1. Entity Name  
**NORTH FLORIDA HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business  
**6700 NW 10TH PLACE  
GAINESVILLE, FL 32605**

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

**60030872**



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

3. Mailing Address

**303 Perimeter Center North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 500**

02052007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

**Atlanta, GA**

4. FEI Number

**58-2639465**

Applied For

Not Applicable

Zip

Country

Zip

Country

**30346**

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
George Hamilton  
6700 NW 10th Place  
Gainesville, FL 32605** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:**

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

Date

Daytime Phone #