

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012577

1. Entity Name  
WINTER GARDEN HEALTH CARE ASSOCIATES, LLC



Principal Place of Business  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346

Mailing Address  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346

2. Principal Place of Business  
10210 Highland Manor Drive

3. Mailing Address  
10210 Highland Manor Drive

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.  
Suite 410

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip Country  
33610 USA

Zip Country  
33610 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
58-2639491

Applied For  
Not Applicable

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

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

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, 2003

300016683563  
04/22/03--01077--006 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME DAHL, ALAN C  
STREET ADDRESS 400 PERIMETER CENTER TERRACE STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☒ Delete  
NAME GRISWOLD, DARYL R  
STREET ADDRESS 400 PERIMETER CENTER TERRACE STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGRM ☒ Delete  
NAME FLORIDA HEALTH CARE PROPERTIES, LLC  
STREET ADDRESS 400 PERIMETER CENTER TERRACE STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

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 MGR ☒ Change ☐ Addition  
NAME Dahl, Alan C.  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

TITLE MRG ☐ Change ☒ Addition  
NAME Duplantis, Patrick  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

TITLE MGR ☐ Change ☒ Addition  
NAME Chalmers, James  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

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

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

TITLE ☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: Patrick Duplantis, Manager 4/16/03 813-744-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)