

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90075 031 ****50.00

DOCUMENT # L01000012578

1. Entity Name

West Palm Beach Health Care Associates, LLC

DO NOT WRITE IN THIS SPACE

950468

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Perimeter Center Terrace

3. Mailing Address

Same

Suite, Apt., #, etc.

Suite 650

Suite, Apt., #, etc.

City & State

Atlanta, GA

City & State

Zip

30346

Country

USA

Zip

Country

4. FFI Number

58-2639490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

By State agent or person named to represent agent, or both, if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
Manager	Alan C. Dahl	400 Perimeter Center Terrace, Ste 650	Atlanta, GA 30346
Manager	Daryl R. Griswold	400 Perimeter Center Terrace, Ste 650	Atlanta, GA 30346
Member	Florida Health Care Properties, LLC	400 Perimeter Center Terrace, Ste 650	Atlanta, GA 30346

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 of the receiver, or an authorized representative, to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

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

Daryl R. Griswold, Manager

04/26/2002

(770) 730-1150

Date

Daytime Phone #

CRZE083B (12/01)