

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90183 005 ****50.00

DOCUMENT # L01000012578

1. Entity Name

WEST PALM BEACH HEALTH CARE ASSOCIATES, LLC



Principal Place of Business

**10210 HIGHLAND MANOR DRIVE, SUITE 410
TAMPA FL 33610**

Mailing Address

**10210 HIGHLAND MANOR DRIVE, SUITE 410
TAMPA FL 33610**

2. Principal Place of Business

5065 Wallis Road

Suite, Apt. #, etc.

3. Mailing Address

10210 Highland Manor Dr.

Suite, Apt. #, etc.

Suite 250

City & State

West Palm Beach, FL

Zip

33415

Country

USA

City & State

Tampa, FL

Zip

33610

Country

USA

4. FEI Number

58-2639490

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, SUITE 410
CITY-ST-ZIP TAMPA FL 33610

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

TITLE MGR ☒ Delete
NAME CHALMERS, JAMES
STREET ADDRESS 10210 HIGHLAND MANOR DRIVE, SUITE 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

Patrick Duplantis, Auth. Rep., 3/20/2004

Date

Daytime Phone #