


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90042 039 ****50.00

DOCUMENT # L01000012578					
1. Entity Name WEST PALM BEACH HEALTH CARE ASSOCIATES, LLC					
Principal Place of Business 5065 WALLIS RD WEST PALM BEACH, FL 33415			Mailing Address 10210 HIGHLAND MANOR DRIVE, SUITE 470 TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address 10210 HIGHLAND MANOR DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 250			
City & State		City & State TAMPA, FL			
Zip	Country	Zip 33610	Country USA	4. FEI Number 58-2639490	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			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, SUITE 250 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE MEMBER EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DR. STE. 250 TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, F.S.

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

PATRICK DUPLANTIS,
 AUTHORIZED REPRESENTATIVE
 OF SOLE MEMBER
 (813) 744-2800 DAYTIME PHONE
 4/26/2005