2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L01000012578

Entity Name: WEST PALM BEACH HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

5065 WALLIS RD
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346 US

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146 US

FEI Number: 58-2639490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: OSTREICH, STEVEN
Address: 5065 WALLIS RD
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLARD, PATRICIA
Address: 5065 WALLIS RD
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA ALLARD MGR 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date