2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012578

1. Entity Name
WEST PALM BEACH HEALTH CARE ASSOCIATES, LLC

FILED
03 APR 24 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10210 Highland Manor Drive	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

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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

300016961753
04/24/03--01052--020 **50.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Dahl, Alan C 10210 Highland Manor Drive, Suite 410 Tampa, Florida 33610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLORIDA HEALTH CARE PROPERTIES,LLC 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: 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 #