


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 027 \*\*\*\*50.00

<b>DOCUMENT # L01000012580</b>	
1. Entity Name <b>VISTA MANOR HEALTH CARE ASSOCIATES, LLC</b>	

Principal Place of Business <b>10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610</b>	Mailing Address <b>10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610</b>
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**24043344**



MOORE CR2E083 (11/03)

2. Principal Place of Business <b>1550 Jess Parrish Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>10210 Highland Manor Dr.</b> Suite, Apt. #, etc. <b>Suite 250</b>	
City & State <b>Titusville, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>32796</b>	Country <b>USA</b>	Zip <b>33610</b>	Country <b>USA</b>

4. FEI Number <b>58-2639488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPLANTIS, PATRICK 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALMERS, JAMES 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Epsilon Health Care Properties, LLC 10210 Highland Manor Dr., Ste. 250 Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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, Florida Statutes.

**SIGNATURE:**  **Patrick Duplantis, Auth. Rep., 3/20/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813-744-2800 Daytime Phone