2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012580

1. Entity Name
VISTA MANOR HEALTH CARE ASSOCIATES, LLC



FILED

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Principal Place of Business 400 PERIMETER CENTER TERRACE SUITE 650 ATLANTA, GA 30346			Mailing Address 400 PERIMETER CENTER TERRACE SUITE 650 ATLANTA, GA 30346					I ARY WASSEE					
2. Principal P	Tace of Busine	ess	3. Mailing Address										
		l Manor Drive		nd Ma	nor Dr	ive		H BRIDI IIDH BDI					I
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 410				CHECK HERE IF MAKING CHANGES						
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Tampa, FL			Tampa, FL				4. FEI Num	58-263	9488		_ ``	Applicable	-
Z ір 33610		Country USA	Zip 33610	ntry A		te of Status De	sired		5.00 Addi				
	6. Name a	end Address of Current R	egistered Agent	_l		<u> </u>	7. Name ar	nd Address of	New R	egistered A	gent		1
C T CORPO	DRATION SY	STEM			Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address			dress (P	(P.O. Box Number is Not Acceptable)						
					City						Zip Code		_
					L					FL			
	e named entity tions of register	submits this statement for i red agent.	the purpose of changing II	s register	ed office or	registere	d agent, or b	ooth, in the Stat	e of Flo	rida. I am fa	amiliar with, a	and accept	
SIGNATURE	Signature, typed or	printed name of registered agent an	d title i applicable. (NO	TE: Rayislara	ad Agenta igratu	re required v	when stinstating)			DATE			
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Patrick Duplantis, Manager

813-744-2800