

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90392 031 ****50.00

DOCUMENT # L01000012582
1. Entity Name
Tampa Health Care Associates, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 Perimeter Center Terrace		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 650		Suite, Apt. #, etc.	
City & State Atlanta, GA		City & State	
Zip 30346	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2639485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island	
City Plantation	Zip Code FL 33324

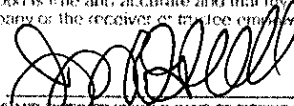
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ DATE: _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

B. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager Alan C. Dahl 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager Daryl R. Griswold 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member Florida Health Care Properties, LLC 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 609, Florida Statutes.

SIGNATURE:  **Daryl R. Griswold, Manager** **04/26/2002** **(770) 730-1150**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Department #

CR2E083B (12/01)