

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 046 \*\*\*\*50.00

**DOCUMENT # L01000012585**

1. Entity Name

**SPRING HILL HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business

**10210 HIGHLAND MANOR DRIVE STE. 410  
TAMPA FL 33610**

Mailing Address

**10210 HIGHLAND MANOR DRIVE STE. 410  
TAMPA FL 33610**

2. Principal Place of Business

**12170 Cortez Blvd.**

3. Mailing Address

**10210 Highland Manor Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 250**

City & State

**Brooksville, FL**

City & State

**Tampa, FL**

Zip

**34613**

Country

**USA**

Zip

**33610**

Country

**USA**

4. FEI Number

**58-2639496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR ☒ Delete

NAME DAHL, ALAN C

STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410  
CITY-ST-ZIP TAMPA FL 33610

TITLE MGR ☒ Delete

NAME DUPLANTIS, PATRICK

STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410  
CITY-ST-ZIP TAMPA FL 33610

TITLE MGR ☒ Delete

NAME CHALMERS, JAMES

STREET ADDRESS 400 PERIMETER CENTER TERR, STE 650  
CITY-ST-ZIP ATLANTA GA 30346

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition

NAME Epsilon Health Care Properties, LLC

STREET ADDRESS 10210 Highland Manor Dr., Ste. 250  
CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Patrick Duplantis, Auth. Rep., 3/20/2004**

Date

Daytime Phone #

813-744-2800 Daytime Phone