2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 01000012585



FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Nan SPRING	ne HILL HEALTH CARE ASS	SOCIATES, LLC	N. S.			04-13-2006	90033 040) ****50	.00
12170 COR	ce of Business TEZ BLVD LE, FL 34613	Mailing Address 10210 HIGHLAND MA 250 TAMPA, FL 33610	10210 HIGHLAND MANOR DRIVE STE. 250			DII BBIBLUBU BBIII BBIII BBIII	18411 Mei 11 Julie 11 Mei	.	N au n an P au s
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042006	Chg-LLC	CR2E08	33 (11/05)	
City & State		City & State		4. FEI Numb				oplied For	
Zip	Country	Zíp	Country			e of Status Desired		5.00 Add	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			1	Name					
			5	Street Address (P.O. Box Numb	ber is Not Acceptab	ole)		
				Dity				Zip Cod	
The above named entity submits this statement for the purpose of changing its				' 			'		
the obligat	e named entity submits this statement tions of registered agent.	t for the purpose of changing it:	is registered of	office or register	ed agent, or bo	oth, in the State of F	Florida. I am fa	amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered ag	ent and tille if applicable. (NO	TE- Régistered Ag	ent signature required	(when reinstating)	1	DATE		
Fi	iling Fee is \$50.00								i
	ue by May 1, 2006						ike check pa da Departme		. ●
9.	ue by May 1, 2006 MANAGING MEM	IBERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		Florid			9
D	ue by May 1, 2006	Delete	10. TITLE NAME		···	Florid	da Departme S/CHANGES		e ⊠ Addition
9. TITLE	we by May 1, 2006 MANAGING MEM	DPERTIES, LLC	TITLE NAME	DDRESS Sole		ADDITIONS	da Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM MGRM EPSILON HEALTH CARE PRO 10210 HIGHALAND MANOR D TAMPA, FL 33610 MGR	Delete DPERTIES, LLC DR., SUITE 250	TITLE NAME STREET AI CITY-ST-	Epsil	on Health	ADDITIONS 1 Care Prope	da Departme S/CHANGES erties, LL	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGRM EPSILON HEALTH CARE PRO 10210 HIGHALAND MANOR E TAMPA, FL 33610	DPERTIES, LLC DR., SUITE 250 PERTIES, LLC	TITLE NAME STREET AI CITY-ST- TITLE NAME	Epsil- 1021	on Health 0 Highlan	ADDITIONS a Care Proper ad Manor Dr	da Departme S/CHANGES erties, LL	nt of State	⊠ Addition
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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: 1 TOUTH BHAN ZALETEL EL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE