

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012585

1. Entity Name  
**SPRING HILL HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business  
**400 PERIMETER CENTER TERR  
STE 650  
ATLANTA, GA 30346**

Mailing Address  
**400 PERIMETER CENTER TERR  
STE 650  
ATLANTA, GA 30346**

2. Principal Place of Business <b>10210 Highland Manor Drive</b>	3. Mailing Address <b>10210 Highland Manor Drive</b>		
Suite, Apt. #, etc. <b>Suite 410</b>	Suite, Apt. #, etc. <b>Suite 410</b>		
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>		
Zip <b>33610</b>	Country <b>USA</b>	Zip <b>33610</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>33610</b>
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when changing)</small>	DATE
<b>ONE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY May 1, 2003</b>		<b>900015688225 1/22/03--01083--023 \$50.00</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>DAHL, ALAN C</b>	<input type="checkbox"/> Delete	TITLE <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Dahl, Alan C.</b> STREET ADDRESS <b>10210 Highland Manor Drive, Suite 410</b> CITY-ST-ZIP <b>Tampa, FL 33610</b>
TITLE <b>MGR</b>	NAME <b>GRISWOLD, DARYL R</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Duplantis, Patrick</b> STREET ADDRESS <b>10210 Highland Manor Drive, Suite 410</b> CITY-ST-ZIP <b>Tampa, FL 33610</b>
TITLE <b>MGRM</b>	NAME <b>FLORIDA HEALTH CARE PROPERTIES, LLC</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Chalmers, James</b> STREET ADDRESS <b>10210 Highland Manor Drive, Suite 410</b> CITY-ST-ZIP <b>Tampa, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:**  **Patrick Duplantis, Manager** **4/16/03** **813-744-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)