

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 025 ****50.00

DOCUMENT # L01000012586

1. Entity Name

SPANISH GARDENS 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**

24049526



MOORE CR2E083 (11/03)

2. Principal Place of Business

1061 Virginia Street

Suite, Apt. #, etc.

3. Mailing Address

10210 Highland Manor Dr.

Suite, Apt. #, etc.
Suite 250

City & State

Dunedin, FL

City & State

Tampa, FL

4. FEI Number

58-2639484

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

33610

Country

USA

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

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 **MGRM** ☐ 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
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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, 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