2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # L01000012591 1. Entity Name 04-20-2004 90184 023 ****50 00 ROSEMONT HEALTH CARE ASSOCIATES, LLC Principal Place of Business Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 410 10210 HIGHLAND MANOR DRIVE STE. 410 **TAMPA FL 33610** TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address 3920 Rosewood Way 10210 Highland Manor Dr Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Suite 250 City & State Applied For City & State 4. FEI Number 58-2639481 Orlando, FL Tampa, FL Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 32808 USA 33610 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. XX Delete TITLE MGR TITLE Change MGRM ★ Addition NAME DAHL, ALAN C Epsilon Health Care Properties, LLC STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410 STREET ADDRESS 10210 Highland Manor Dr., Ste. 250 CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP Tampa, FL 33610 TITLE MGR Delete TITLE ☐ Change ■ Addition NAME DUPLANTIS, PATRICK NAME STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33610** TITLE MGR Delete TITLE Change ☐ Addition NAME -NAME CHALMERS, JAMES STREET ADDRESS STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410 CITY-ST-ZIP TAMPA FL 33610 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

limited liability company or the receiver or

SIGNATURE:

Auth. Rep., 3/20/2004

Patrick Duplantis,

FILED