

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90042 017 ****50.00

DOCUMENT # L01000012593

1. Entity Name
PLANTATION BAY HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
401 KISSIMMEE PARK RD.
SAINT CLOUD, FL 34769

Mailing Address
10210 HIGHLAND MANOR DRIVE STE. 250
TAMPA, FL 33610

20050713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

58-2639477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☒ MOR ☐ Delete
NAME EPSILON HEALTH CARE PROPERTIES, LLC
STREET ADDRESS 10210 HIGHLAND MANOR DR., STE. 250
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME SOLE MEMBER
STREET ADDRESS EPSILON HEALTH CARE PROPERTIES, LLC
CITY-ST-ZIP 10210 HIGHLAND MANOR DR. STE. 250
TAMPA, FL 33610 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 by the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter

SIGNATURE:

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

PATRICK DUPLANTIS,
AUTHORIZED REPRESENTATIVE
OF SOLE MEMBER
(813) 744-2800 DAYTIME PHONE
4/26/2005