

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012594

1. Entity Name
PINEHURST HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

Mailing Address
400 PERIMETER CENTER TERRACE
SUITE 650
ATLANTA, GA 30346

2. Principal Place of Business
10210 Highland Manor Drive
Suite, Apt. #, etc.
Suite 410
City & State
Tampa, FL

3. Mailing Address
10210 Highland Manor Drive
Suite, Apt. #, etc.
Suite 410
City & State
Tampa, FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2639476
Applied For
Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEB 15 3:50:03
Make Check Payable to Florida Department of State
Due By May 1, 2003
300016688103
22/03--01083--021 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	DAHL, ALAN C		NAME	Dahl, Alan C.	
STREET ADDRESS	400 PERIMETER CTR TERR, SUITE 650		STREET ADDRESS	10210 Highland Manor Drive, Suite 410	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Tampa, FL 33610	
TITLE	MGR	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	GRISWOLD, DARYL R		NAME	Duplantis, Patrick	
STREET ADDRESS	400 PERIMETER CTR TERR, SUITE 650		STREET ADDRESS	10210 Highland Manor Drive, Suite 410	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Tampa, FL 33610	
TITLE	MGRM	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	FLORIDA HEALTH CARE PROPERTIES, LLC		NAME	Chalmers, James	
STREET ADDRESS	400 PERIMETER CTR TERR, SUITE 650		STREET ADDRESS	10210 Highland Manor Drive, Suite 410	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Tampa, FL 33610	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		
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 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 #

CP2E083 (10/02)