


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90031 021 ****50.00

DOCUMENT # L01000012595 1. Entity Name PERRY HEALTH CARE ASSOCIATES, LLC					
Principal Place of Business 207 MARSHALL DRIVE PERRY, FL 32347			Mailing Address 10210 HIGHLAND MANOR DRIVE STE 250 TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04102006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 58-2639475	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				Name	
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE, FL 32301-2525					
				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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EPSILON HEALTH CARE PROPERTIES, LLC		NAME	Sole Member	
STREET ADDRESS	10210 HIGHLAND MANOR DR STE 250		STREET ADDRESS	Epsilon Health Care Properties, LLC	
CITY - ST - ZIP	TAMPA, FL 33610		CITY - ST - ZIP	10210 Highland Manor Dr., Ste. 250	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Tampa, FL 33610	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Lisa Mitchem</i>			Date: <i>4-10-06</i> Daytime Phone #: <i>850 584-6334</i>		