

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90039 030 ***138.75

DOCUMENT # L01000012596

1. Entity Name
PARADISE PINES HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
**11565 HARTS ROAD
JACKSONVILLE, FL 32218**

Mailing Address
**303 PERIMETER CENTER NORTH
STE 500
ATLANTA, GA 30346**

60034041



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2639471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, LYNN
11565 HARTS RD
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Lynn Smith, Manager**

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

Date

Daytime Phone #

4/16/08 (904) 751-1834