

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90392 021 ****50.00

DOCUMENT # L01000012597

1. Entity Name

Palm Coast Health Care Associates, LLC

DO NOT WRITE IN THIS SPACE

956079

2. Principal Place of Business

400 Perimeter Center Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30346

Country

USA

Zip

Country

4. FEI Number

58-2639470

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

B. 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.

SIGNATURE

Signature typed or printed name of registered agent and date of registration

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager Alan C. Dahl 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager Daryl R. Griswold 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member Florida Health Care Properties, LLC 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346
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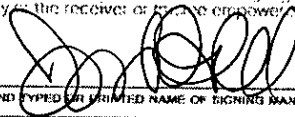
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**DO NOT WRITE
IN THIS SPACE**

CRZE0638 (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 909, Florida Statutes.

SIGNATURE:



Daryl R. Griswold, Manager 04/26/2002 (770) 730-1150

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

Date

Original Printed Name