

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012597

FILED  
May 01, 2009  
Secretary of State

Entity Name: PALM COAST HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

3001 PALM COAST PKWY SE  
PALM COAST, FL 32137

**New Principal Place of Business:**

303 PERIMETER CENTER NORTH  
SUITE 500  
ATLANTA, GA 30346

PO BOX 467065  
ATLANTA, GA 31146

FEI Number: 58-2639470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CONE, TINA  
Address: 3001 PALM COAST PKWY SE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TINA CONE

MGR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date