

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012597						
1. Entity Name PALM COAST 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		3. Mailing Address 10210 Highland Manor Drive Suite, Apt. #, etc. Suite 410				
City & State Tampa, FL		City & State Tampa, FL				
Zip 33610		Country USA		4. FEI Number 58-2638470		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
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's signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			700016685357 4/22/03--01077--023 **50.00			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CTR TERR, SUITE 650 ATLANTA, GA 30346		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dahl, Alan C. 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CTR TERR, SUITE 650 ATLANTA, GA 30346		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CTR TERR, SUITE 650 ATLANTA, GA 30346		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 60B, Florida Statutes.						
SIGNATURE: _____ Patrick Duplantis 4/16/03 813-744-2800						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)