

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-30-2008 90039 027 ***138.75

DOCUMENT # L01000012598

1. Entity Name
PALM BAY HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
5405 BABCOCK STREET NE
PALM BAY, FL 32905

Mailing Address
303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346

DO NOT WRITE IN THIS SPACE



03282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
58-2639469

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 COLLINS, PATRICIA 5405 BABCOCK ST NE PALM BAY, FL 32905
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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:  Patricia Collins, Manager

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

Date

Daytime Phone #

4/16-08