

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012600

1. Entity Name  
**OAK TERRACE HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business  
400 PERIMETER CENTER TERR  
STE 650  
ATLANTA, GA 30346

Mailing Address  
400 PERIMETER CENTER TERR  
STE 650  
ATLANTA, GA 30346

**FILED**

03 APR 22 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
10210 Highland Manor Drive

3. Mailing Address  
10210 Highland Manor Drive

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.  
Suite 410

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
**58-2639468**

Applied For  
Not Applicable

Zip  
33610

Country  
USA

Zip  
33610

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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

300016685268  
7/22/03--01077--022 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME DAHL, ALAN C  
STREET ADDRESS 400 PERIMETER CENTER TERR, STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☒ Change ☐ Addition  
NAME Dahl, Alan C.  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

TITLE MGR ☒ Delete  
NAME GRISWOLD, DARYL R  
STREET ADDRESS 400 PERIMETER CENTER TERR, STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☐ Change ☒ Addition  
NAME Duplantis, Patrick  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

TITLE MGRM ☒ Delete  
NAME FLORIDA HEALTH CARE PROPERTIES, LLC  
STREET ADDRESS 400 PERIMETER CENTER TERR, STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☐ Change ☒ Addition  
NAME Chalmers, James  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, FL 33610

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Patrick Duplantis, Manager 4/16/03 813-74-2800

Date

Daytime Phone #

CR2E083 (10/02)