2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000012603

1. Entity Name

FLORIDA HEALTH CARE PROPERTIES, LLC



Principal Place of Business

Mailing Address

10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610

10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610

FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90033 002 ****50.00

20030149



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2639462

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

PLANTIS, PATRICK 210 HIGHLAND MANOR DRIVE STE. 250 MPA, FL 33610
210 HIGHLAND MANOR DRIVE STE. 250
• •
MPA, FL 33610

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this biring 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:

Patrick Duplanti

ulida

813-744-2800

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

Daytime Phone