


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90184 018 ****50.00

DOCUMENT # L01000012605	
1. Entity Name DELTONA HEALTH CARE ASSOCIATES, LLC	

Principal Place of Business 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610 US	Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610 US
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2. Principal Place of Business 1851 Elcam Blvd.	3. Mailing Address 10210 Highland Manor Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 250
City & State Deltona, FL	City & State Tampa, FL
Zip 32725	Country USA
Zip 32725	Country USA

24043300



MOORE CR2E083 (11/03)

4. FEI Number 58-2639432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAHL, ALAN C		NAME Epsilon Health Care Properties, LLC	
STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410		STREET ADDRESS 10210 Highland Manor Dr., Ste. 250	
CITY-ST-ZIP TAMPA FL 33610		CITY-ST-ZIP Tampa, FL 33610	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUPLANTIS, PATRICK		NAME	
STREET ADDRESS 10210 HIGHLAND MANOR DRIVE STE. 410		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33610		CITY-ST-ZIP	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHALMERS, JAMES		NAME	
STREET ADDRESS 400 PERIMETER CENTER TERR STE 650		STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30346		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 608, Florida Statutes.

SIGNATURE:

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

Patrick Duplantis, Auth. Rep., 3/20/2004

Date

Daytime Phone #