

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012605

FILED
May 01, 2009
Secretary of State

Entity Name: DELTONA HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

1851 ELKCAM BLVD.
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

303 PERIMETER CENTER NORTH
SUITE 500
ATLANTA, GA 30346 US

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146 US

FEI Number: 58-2639432 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOCK, ERIC
Address: 1851 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, STACY
Address: 1851 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY THOMAS

MGR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date