

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90393 046 ****50.00

DOCUMENT # L01000012606

1. Entity Name

Destin Health Care Associates, LLC

DO NOT WRITE IN THIS SPACE

556105

2. Principal Place of Business

400 Perimeter Center Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip

30346

Country

USA

Zip

Country

4. FFI Number

58-2639433

Applicable For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

City

Plantation

FL

Zip Code
33324

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

Manager
Alan C. Dahl
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Manager
Daryl R. Griswold
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member
Florida Health Care Properties, LLC
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member
Florida Health Care Properties, LLC
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member
Florida Health Care Properties, LLC
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member
Florida Health Care Properties, LLC
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member
Florida Health Care Properties, LLC
400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 609, Florida Statutes.

SIGNATURE:

Daryl R. Griswold

Daryl R. Griswold, Manager

04/26/2002

(770) 730-1150

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

Date

Daytime Phone #

CR2E038 (12/01)