


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 006 \*\*\*\*\*50.00

<b>DOCUMENT # L01000012606</b>	
1. Entity Name <b>DESTIN HEALTH CARE ASSOCIATES, LLC</b>	

Principal Place of Business <b>10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610</b>	Mailing Address <b>10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610</b>
--	--

2. Principal Place of Business <b>195 Mattie M. Kelly Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>10210 Highland Manor Dr.</b> Suite, Apt. #, etc. <b>Suite 250</b>
City & State <b>Destin, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>32541</b>	Country <b>USA</b>
Zip <b>33610</b>	Country <b>USA</b>



MOORE CR2E083 (11/03)

4. FEI Number <b>58-2639433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

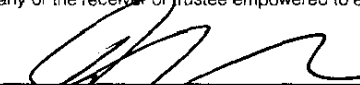
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 <b>MGR</b>	<b>DAHL, ALAN C</b> <input checked="" type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAHL, ALAN C</b>		NAME <b>Epsilon Health Care Properties, LLC</b>	
STREET ADDRESS <b>10210 HIGHLAND MANOR DRIVE STE. 410</b>		STREET ADDRESS <b>10210 Highland Manor Dr., Ste. 250</b>	
CITY-ST-ZIP <b>TAMPA FL 33610</b>		CITY-ST-ZIP <b>Tampa, FL 33610</b>	
TITLE <b>MGR</b>	<b>DUPLANTIS, PATRICK</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUPLANTIS, PATRICK</b>		NAME	
STREET ADDRESS <b>10210 HIGHLAND MANOR DRIVE STE. 410</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33610</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<b>CHALMERS, JAMES</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHALMERS, JAMES</b>		NAME	
STREET ADDRESS <b>10210 HIGHLAND MANOR DRIVE STE. 410</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33610</b>		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:**  **Patrick Duplantis, Auth. Rep., 3/20/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813-744-2800 Daytime Phone