

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012611					
1. Entity Name EMERALD SHORES HEALTH CARE ASSOCIATES, LLC					
Principal Place of Business 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346			Mailing Address 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346		
2. Principal Place of Business 10210 Highland Manor Drive Suite, Apt. #, etc. Suite 410 City & State Tampa, FL Zip 33610		3. Mailing Address 10210 Highland Manor Drive Suite, Apt. #, etc. Suite 410 City & State Tampa, FL Zip 33610			
Country USA		Country USA			
4. FEI Number 58-2639436					
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 registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
200016685062 /22/03--01077--017 **50.00					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete DAHL, ALAN C 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dahl, Alan C. 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete GRISWOLD, DARYL R 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete FLORIDA HEALTH CARE PROPERTIES, LLC 400 PERIMETER CENTER TERRACE, STE 650 ATLANTA, GA 30346		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/16/03 Daytime Phone #: 813-744-2800		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)