


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90184 003 \*\*\*\*50.00

<b>DOCUMENT # L01000012612.</b>					
<b>1. Entity Name</b> ENGLEWOOD 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> 1111 Drury Lane Suite, Apt. #, etc.			<b>3. Mailing Address</b> 10210 Highland Manor Dr. Suite, Apt. #, etc. Suite 250		
<b>City &amp; State</b> Englewood, FL			<b>City &amp; State</b> Tampa, FL		
<b>Zip</b> 34224	<b>Country</b> USA	<b>Zip</b> 33610	<b>Country</b> USA	<b>4. FEI Number</b> 58-2639437	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<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</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> DAHL, ALAN C 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> Epsilon Health Care Properties, LLC 10210 Highland Manor Dr., Ste. 250 Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> DUPLANTIS, PATRICK 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> CHALMERS, JAMES 10210 HIGHLAND MANOR DRIVE STE. 410 TAMPA FL 33610	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 #