LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90056 031 ****50.00

DOCUMENT # L01000013378

1. Entity Name
Sea Crest Health Care Management, LLC

B0102820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Perimeter Center Terrace	Same
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State
Zip: 30346 Country: USA	Zip Country

4. FEI Number: 58- 2642940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Alan C. Dahl 400 Perimeter CenterTerrace, Ste 650 Atlanta, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Daryl R. Griswold 400 Perimeter Center Terrace, Ste 650 Atlanta, GA 30346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/01)

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: _____ Daryl R. Griswold 4/25/02 770/698-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #