2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L01000013378

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

1. Entity Name SEA CREST HEALTH CARE MANAGEMENT, LLC					04-20-2004 90184 031 ****50.00					
Principal Place of Business 10210 HIGHLAND MANOR DR., STE 410 TAMPA FL 33610		Mailing Address 10210 HIGHLAND MA TAMPA FL 33610	10210 HIGHLAND MANOR DR., STE 410		₩ ₹₩ ₹₩₩					
2. Principal Place of Business 10210 Highland Manor Dr Suite, Apt. #. etc. Suite 250 City & State Tampa, FL		Suite, Apt. #, etc. Suite 250 City & State	10210 Highland Manor Dr Suite, Apt. #, etc. Suite 250 City & State		MOORE CR2E083 (11/03) 4. FEI Number 58-2642940 Applied For Net Applied For					
Zip 33610	Country USA	Tampa, FL Zip 33610	Country USA			of Status Desired	□ \$5 Fee	.00 Addi		
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 Lip Code						
	named entity submits this state tions of registered agent.	ment for the purpose of changing its	registered office	e or registere	d agent, or bot	th, in the State of F		iliar with, a	and accept	
9.	MANAGING	FILE No Make Check Payab	DW!!! FEE IS le to Florida (e By May 1, 2	\$50.00 Departmen	7	ADDITIONS	DATE			
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11. I hereby of indicated limited fia	certify that the information suppl on this report is true and accur ability company or the receiver	ied with this filing does not qualify fo are and that my signature shall have firustee empowered to execute this	r the exemption the same legal or report as require	stated in Sec effect as if ma ed by Chapte	tion 119.07(3)(ade under oath er 608, Florida S	i), Florida Statutes ; that I am a mana Statutes.	. I further certify aging member o	that the in r manage	formation r of the	

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE