

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92179 045 \*\*\*\*50.00

**DOCUMENT # L01000013378**

1. Entity Name  
**SEA CREST HEALTH CARE MANAGEMENT, LLC**



Principal Place of Business  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346

Mailing Address  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346

2. Principal Place of Business  
10210 Highland Manor Drive

3. Mailing Address  
10210 Highland Manor Drive

Suite, Apt. #, etc.  
Suite 410

Suite, Apt. #, etc.  
Suite 410

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip Country  
33610 USA

Zip Country  
33610 USA

4. FEI Number  
**58-2642940**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME DAHL, ALAN C  
STREET ADDRESS 400 PERIMETER CENTER TERR. - SUITE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE MGR ☒ Delete  
NAME GRISWOLD, DARYL R  
STREET ADDRESS 400 PERIMETER CENTER TERR. - SUITE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE VP ☒ Change ☐ Addition  
NAME Dahl, Alan C  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, Florida 33610

TITLE CEO and President ☐ Change ☒ Addition  
NAME Duplantis, Patrick  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, Florida 33610

TITLE CFO ☐ Change ☒ Addition  
NAME Chalmers, James  
STREET ADDRESS 10210 Highland Manor Drive, Suite 410  
CITY-ST-ZIP Tampa, Florida 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 60B, Florida Statutes.

**SIGNATURE:**

*Patrick Duplantis*

Patrick Duplantis, CEO and President

813-744-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)