

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003606

FILED
May 01, 2007
Secretary of State

Entity Name: ALPHA HEALTH CARE PROPERTIES, LLC

Current Principal Place of Business:

10210 HIGHLAND MANOR DRIVE STE 250
TAMPA, FL 33610

New Principal Place of Business:

10210 HIGHLAND MANOR DRIVE STE 270
TAMPA, FL 33610

Current Mailing Address:

10210 HIGHLAND MANOR DRIVE STE 250
TAMPA, FL 33610

New Mailing Address:

10210 HIGHLAND MANOR DRIVE STE 750
TAMPA, FL 33610

FEI Number: 41-2077416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORIDA HEALTH CARE, PROPERTIES, LL C
Address: 10210 HIGHLAND MANOR DRIVE STE 250
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: AR (X) Change () Addition
Name: COSBY, TRACEY C
Address: 303 PERIMETER CENTER NORTH, SUITE 500
City-St-Zip: ATLANTA, GA 30346

Title: AR () Change (X) Addition
Name: BENCH, G S
Address: 10210 HIGHLAND MANOR DRIVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACEY C COSBY, AUTHORIZED REPRESENTATIVE

AR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date