


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90040 031 ***138.75

DOCUMENT # L03000003606 1. Entity Name ALPHA HEALTH CARE PROPERTIES, LLC					
Principal Place of Business 10210 HIGHLAND MANOR DRIVE STE 270 TAMPA, FL 33610			Mailing Address 10210 HIGHLAND MANOR DRIVE STE 750 TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10210 Highland Manor Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 270			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33610	Country US	4. FEI Number 41-2077416	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AR COSBY, TRACEY C 303 PERIMETER CENTER NORTH, SUITE 500 ATLANTA, GA 30346	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AR BENCH, G S 10210 HIGHLAND MANOR DRIVE TAMPA, FL 33610	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Tracey C. Cosby</u> Tracey C. Cosby, Authorized Representative <u>4/28/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2077416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Make check payable to
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303 PERIMETER CENTER NORTH, SUITE 500
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☐ Delete

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SIGNATURE:

Tracey C. Cosby

Tracey C. Cosby, Authorized Representative

4/28/08

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

Date

Daytime Phone #