


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90041 013 ****50.00

| | |
|---|---|
| DOCUMENT # L03000004066 |  |
| 1. Entity Name CENTRAL PARK HEALTH CARE ASSOCIATES, LLC | |

| | |
|---|--|
| Principal Place of Business 702 WEST KINGS AVENUE BRANDON, FL 33511 | Mailing Address 10210 HIGHLAND MANOR DRIVE, STE. 250 TAMPA, FL 33610 |
|---|--|

| | |
|---|---------------------|
| 2. Principal Place of Business 702 SOUTH KINGS AVE. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|-----------------------|
| City & State BRANDON, FL | City & State |
| Zip 33511 | Country USA |

| | |
|---|--|
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOLE MEMBER ALPHA HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DR. STE. 250 TAMPA, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, F.S.

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

PATRICK DUPLANTIS,
AUTHORIZED REPRESENTATIVE
OF SOLE MEMBER
(813) 744-2800 DAYTIME PHONE
4/26/2005