2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# L03000004070

Entity Name: CORAL BAY HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

2939 S. HAVERHILL RD.
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

10210 HIGHLAND MANOR DRIVE, STE. 250
TAMPA, FL 33610

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MEM ( ) Delete
Name: ALPHA HEALTH CARE PR, OPERTIES, LLC
Address: 2939 S. HAVERHILL RD.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALPHA HEALTH CARE PR, OPERTIES, LLC
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 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 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: PATRICK DUPLANTIS, AUTHORIZED REP. MR. 05/03/2004

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