


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90041 009 ****50.00

DOCUMENT # L03000017146	
1. Entity Name SOUTHPPOINT HEALTH CARE ASSOCIATES, LLC	

Principal Place of Business 42 COLLINS AVENUE MIAMI BEACH, FL 33130	Mailing Address 10210 HIGHLAND MANOR DRIVE, SUITE 250 TAMPA, FL 33610
---	---

20050741

2. Principal Place of Business 42 COLLINS AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262005 Chg-LLC CR2E083 (10/03)

City & State MIAMI BEACH, FL	City & State
Zip 33139	Country USA

4. FEI Number 81-0612152 NOT APPLICABLE	Applied For Not Applicable
---	-------------------------------

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	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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 signature required when reinstating) DATE _____

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	MORM ALPHA HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DRIVE, SUITE 250 TAMPA, FL 33624 <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 checked="" 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
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 or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida

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