

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90033 013 ****50.00

DOCUMENT # L03000017146

1. Entity Name
SOUTHPOINT HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
**42 COLLINS AVE
MIAMI BEACH, FL 33139**

Mailing Address
**10210 HIGHLAND MANOR DRIVE, SUITE 250
TAMPA, FL 33610**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

81-0612152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **S** ☒ Delete
NAME **ALPHA HEALTH CARE PROPERTIES, LLC**
STREET ADDRESS **10210 HIGHLAND MANOR DRIVE, SUITE 250**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME **Sole Member**
STREET ADDRESS **Alpha Health Care Properties, LLC**
CITY-ST-ZIP **10210 Highland Manor Dr., Ste. 250 Tampa, FL 33610** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:
SIGNATURE

Authorized Representative of Sole

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patrick Duplantis 4/11/06