

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017149

FILED
May 03, 2004
Secretary of State

Entity Name: WOOD LAKE HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

6414 13TH ROAD SOUTH
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

10210 HIGHLAND MANOR DRIVE, SUITE 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: MGR () Delete
Name: DUPLANTIS, PATRICK
Address: 6414 13TH ROAD SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR (X) Delete
Name: GRISWOLD, DARYL
Address: 6414 13TH ROAD SOUTH
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, SUITE 250
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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