


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 025 ****50.00

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DOCUMENT # L04000005600			
1. Entity Name CATALINA HEALTH CARE ASSOCIATES, LLC			
Principal Place of Business 820 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32117		Mailing Address 10210 HIGHLAND MANOR DRIVE, STE. 250 TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>303 Perimeter Center North</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 500</i>	
City & State		City & State <i>Atlanta, GA</i>	
Zip	Country	Zip	Country
		<i>30346</i>	<i>US</i>
4. FEI Number 20-1135070		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUGUSTA HEALTH CARE PROPERTIES, LLC	NAME	Jo-Ann Grasso
STREET ADDRESS	10210 HIGHLAND MANOR DR STE 250	STREET ADDRESS	820 North Clyde Morris Blvd.
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	Daytona Beach, FL 32117
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Jo-Ann Grasso</i> (386)		Date: <i>2/7/07</i> Daytime Phone #: <i>274-4575</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	