

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90040 033 ***138.75

DOCUMENT # L04000012319

1. Entity Name
EPSILON HEALTH CARE PROPERTIES, LLC



Principal Place of Business
10210 HIGHLAND MANOR DR.
SUITE 270
TAMPA, FL 33610

Mailing Address
10210 HIGHLAND MANOR DR.
SUITE 270
TAMPA, FL 33610



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1000103	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	AR
NAME	COSBY, TRACEY C
STREET ADDRESS	303 PERIMETER CENTER NORTH, SUITE 500
CITY- ST- ZIP	ATLANTA, GA 30346

TITLE	AR
NAME	BENCH, G S
STREET ADDRESS	10210 HIGHLAND MANOR DRIVE
CITY- ST- ZIP	TAMPA, FL 33610

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Tracey C. Cosby Tracey C. Cosby, Authorized Representative 4/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #