

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005600

**Entity Name:** CATALINA HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

800 CONCOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

800 CONCOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751 US

**FEI Number:** 20-1135070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name AUGUSTA HEALTH CARE  
PROPERTIES, LLC  
Address 800 CONCOURSE PARKWAY SOUTH  
SUITE 200  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TROY M. ANTONIK

VICE PRESIDENT

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date