

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000905

**Entity Name:** BLUE RIDGE HEALTHCARE LLC

**Current Principal Place of Business:**

2700 N 29TH AVE  
OFFICE CENTER 308  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2700 N 29TH AVE  
OFFICE CENTER 308  
HOLLYWOOD, FL 33020 US

**FEI Number:** 47-3407001

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name RUDD, LEVI Y  
Address 2700 N 29TH AVE  
OFFICE CENTER 308  
City-State-Zip: HOLLYWOOD FL 33020

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEVI RUDD

**MANAGER**

**01/18/2016**

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

\_\_\_\_\_  
Date