

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000905

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