

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000021724

Entity Name: BHI, L.L.C.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1270 25TH STREET PLACE SE  
HICKORY, NC 28602

**New Principal Place of Business:**

1978 8TH AVENUE NW  
HICKORY, NC 28601

**Current Mailing Address:**

P.O. BOX 2568  
HICKORY, NC 286032568

**New Mailing Address:**

P.O. BOX 1667  
HICKORY, NC 28603

FEI Number: 81-0617268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JOHN F. GILROY, III, P.A.  
1695 METROPOLITAN CIRCLE, SUITE 2  
TALLAHASSEE, FL 32308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DOMINION HEALTHCARE MANAGEMENT, LLC  
Address: 1978 8TH AVENUE NW  
City-St-Zip: HICKORY, NC 28601

I hereby certify that the information indicated on this 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.

SIGNATURE: DOMINION HEALTHCARE MANAGEMENT, LLC BY SDW MGR

04/28/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date