

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003643

Entity Name: LHI HEALTHCARE, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

56 THIRD STREET, NW
HICKORY, NC 28601

New Principal Place of Business:

46 THIRD STREET, NW
HICKORY, NC 28601

Current Mailing Address:

56 THIRD STREET, NW
HICKORY, NC 28601

New Mailing Address:

46 THIRD STREET, NW
HICKORY, NC 28601

FEI Number: 20-2127546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKIBBEN, R. BRUCE
1435 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MCKIBBEN, R. BRUCE
3520 THOMASVILLE RD, SUITE 200
TALLAHASSEE, FL 32309 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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, DAVID S
Address: 46 THIRD STREET NW
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, DAVID S
Address: 56 THIRD STREET NW
City-St-Zip: HICKORY, NC 28601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID S. JONES

MM

05/01/2006

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