

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003643

Entity Name: LHI HEALTHCARE, LLC

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

46 THIRD STREET, NW
HICKORY, NC 28601

New Principal Place of Business:

1978 8TH AVE NW
HICKORY, NC 28601

Current Mailing Address:

46 THIRD STREET, NW
HICKORY, NC 28601

New Mailing Address:

PO BOX 3343
HICKORY, NC 28603

FEI Number: 20-2127546

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.
1435 EAST PIEDMONT DRIVE, SUITE 100
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 () Delete
Name: JONES, DAVID S
Address: 56 THIRD STREET NW
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, DAVID S
Address: 1978 8TH AVE 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: BY: MELVIN E WOODWARD

CFO

01/09/2007

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