

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #</b> L96000000285  <b>BLOUNTSTOWN HEALTH INVESTORS, L.C.</b> <b>46 3RD STREET N.W.</b> <b>HICKORY NC 28601</b>
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**FILED**  
**98 SEP 11 PM 2:20**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business <b>224 Chipola Road</b> Suite, Apt. #, etc.  City & State <b>Blountstown, FL</b> Zip <b>32424</b>	2a. Mailing Address <b>46 Third Street, NW</b> Suite, Apt. #, etc.  City & State <b>Hickory, NC</b> Zip <b>28601</b> Country <b>Catawba</b>	3. Date Organized or Qualified <b>03/12/1996</b> 4. FEI Number <b>56-1995620</b> <b>59-1918794</b> 5. Date of Last Report <b>05/01/1997</b>	3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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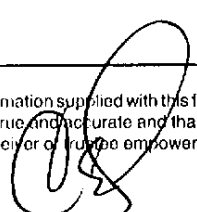
7. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTRE, D AGENT CORPOR</b> <b>701 BRICKELL AVENUE</b> <b>MIAMI FL 33131</b>	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TREFZGER, CHARLES E	46 THIRD STREET N.W.	HICKORY NC
			600002639796--2 -09/15/98--01054--009 ****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **9/9/98** (704) 322-5535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #