

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** L96000000285

1. Entity Name

BLOUNTSTOWN HEALTH INVESTORS, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 AM 10:57

Principal Place of Business

Mailing Address

2. Principal Place of Business

46 THIRD STREET, NW

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HICKORY, NC

City & State

4. FEI Number

56-1995620

Applied For

Not Applicable

Zip

28601

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT, CORP
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name R. BRUCE MCKIBBEN, PA

Street Address (P.O. Box Number is Not Acceptable)

1301 MICCOSUKEE ROAD

City TALLAHASSEE

FL

Zip Code

32308

8. 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

Signature, typed or printed name of registered agent and title if applicable.

R. BRUCE MCKIBBEN, JR President

07-31-00

(NOTE: Registered Agent signature required when reappointing)

DATE

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MANAGER	CHARLES E. TREFZGER, JR.	46 3RD STREET, NW	HICKORY, NC 28601	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	JOHN K. EARL	52 12TH AVENUE, NE	HICKORY, NC 28601	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	JAMES R. HODGES	52 12TH AVENUE, NE	HICKORY, NC 28601	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	WILLIAM C. THOMPSON	52 12TH AVENUE, NE	HICKORY, NC 28601	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	WILLIAM L. YOUNG, III	52 12TH AVENUE, NE	HICKORY, NC 28601	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CHARLES E. TREFZGER, JR.

7/25/00

Date

828-322-5535

Daytime Phone #