

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000285

1. Entity Name

BLOUNTSTOWN HEALTH INVESTORS, L.C.

Principal Place of Business

Mailing Address

46 THIRD STREET, NW
HICKORY NC 28601

46 THIRD STREET, NW
HICKORY NC 28601

2. Principal Place of Business

3. Mailing Address

400 Perimeter Center Terrace

400 Perimeter Center Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 650

Suite 650

City & State

City & State

Atlanta, GA

Atlanta, GA

Zip 30346

Country USA

Zip 30346

Country USA

4. FEI Number

56-1995620

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIBBEN, R. BRUCE P.A.
1301 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

500004509795-8
-07/31/01--01066--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREFZGER, CHARLES E JR. 46 THIRD STREET N.W. HICKORY NC 28601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARL, JOHN K 52 12TH AVENUE, NE HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, WILLIAM C 52 12TH AVENUE, NE HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, WILLIAM L III 52 12TH AVENUE, NE HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODGES, JAMES R 52 12TH AVENUE, NE HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager WellCare HealthCare Acquisition Corporation 400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/5/01

(770) 730-1103

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE