

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVE.  
AND  
FILED

02 MAR 19 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000285

1. Entity Name

BLOUNTSTOWN HEALTH INVESTORS, LC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

46 THIRD STREET, NW

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current 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

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

500005136575--2

-03/20/02--01044--012

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MANAGER

CHARLES E. TREPZGER, JR.

46 THIRD STREET, NW

HICKORY, NC 28601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

JOHN K. EARL

52 12TH AVENUE, NE

HICKORY, NC 28601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

JAMES R. HOBBS

52 12TH AVENUE, NE

HICKORY, NC 28601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

WILLIAM C. THOMPSON, III

52 12TH AVENUE, NE

HICKORY, NC 28601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

WILLIAM L. YOUNG, III

52 12TH AVENUE, NE

HICKORY, NC 28601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

CHARLES E. TREPZGER, JR.

3/14/02

Date

828-322-5535 x225

Daytime Phone #

CR2E083B (12/01)