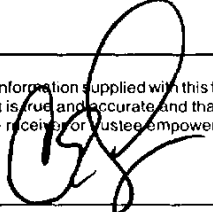


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company PINELLAS HEALTH INVESTORS, L.C. 46 THIRD STREET, NW HICKORY NC 28601		DOCUMENT # L96000001356	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 12/31/1996		3a. State of Formation FL	
4. FEI Number 56-2019038		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 09/11/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent INTRASTATE REGISTERE, D AGENT CORPOR 701 BRICKELL AVE. MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TREFZGER, CHARLES E	46 THIRD STREET N.W.	HICKORY NC
			300002868543--\$ -05/07/99--01156--004 ****188.75 ****188.75
			05/5/99
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER (Type)			

PINELLAS HEALTH INVESTORS, L.C.
a Florida Limited Liability Company
46 THIRD STREET, N.W.
HICKORY, NC 28601
EIN: 56-2019038FL Doc. No. - L96000001356

Ownership of PINELLAS HEALTH INVESTORS, L.C.:

MANAGING MEMBER:

Charles E. Trefzger
ss# 226-04-4773
46 Third Street, NW
Hickory, NC 28601

MEMBERS:

Charles E. Trefzger - 20%
ss# 226-04-4773
46 Third Street, NW
Hickory, NC 28601

John K. Earl - 20%
ss# 440-46-2671
210 13th Avenue Place, NW
Hickory, NC 28601

William C. Thompson, III - 20%
ss# 234-76-8565
210 13th Avenue Place, NW
Hickory, NC 28601

W. Lee Young, III - 20%
ss# 226-62-7318
1956 2nd Street, NW
Hickory, NC 28601

James R. Hodges - 20%
ss# 381-48-0512
210 13th Avenue Place, NW
Hickory, NC 28601