


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000713</b> 1. Entity Name <b>LEON HEALTH INVESTORS, LLC</b>	
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Principal Place of Business <b>4415 PHEASANT RIDGE RD., STE. 301 ROANOKE, VA 24014</b>	Mailing Address <b>4415 PHEASANT RIDGE RD., STE. 301 ROANOKE, VA 24014</b>
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04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2015402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301</b>
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**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000144867  
04/30/04-80146-0110 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES R 4415 PHEASANT RIDGE RD SW, SUITE 301 ROANOKE, VA 34014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRZAK, JAMES R 4415 PHEASANT RIDGE RD SW, SUITE 301 ROANOKE, VA 34014
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_