

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90046 011 ****50.00

DOCUMENT # M01000000713 1. Entity Name LEON HEALTH INVESTORS, LLC	
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Principal Place of Business 4415 PHEASANT RIDGE RD., STE. 301 ROANOKE, VA 24014	Mailing Address 4415 PHEASANT RIDGE RD., STE. 301 ROANOKE, VA 24014
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DO NOT WRITE IN THIS SPACE



03282006No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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.

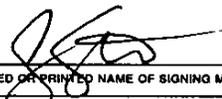
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

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 exemptions contained in Chapter 119, 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:  JAMES R. SMITH 4/29/06 540-772-6329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #