2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED

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

ANNUAL REPURI				Secreta	ry of State
DOCUMENT # M0100000715				Secreta	iy or state
1. Entity Name HIGHLAND HEALTH INVESTORS, LLC					
		<u> </u>			
Principal Plac	e of Business	Mailing Address	<u> </u>	organismos	
4415 PHESANT RIDGE RD., STE. 301 4415 PHESANT RIDGE RD., STI ROANOKE, VA 24014 ROANOKE, VA 24014			E. 301		
		<u> </u>	· · ·		
				}	
				04212004 No Chg-LLC CR28	E083 (10/03)
ONOT WRITE IN THIS SPA			CE	4. FEI Number	Applied For
1.				54-2015397	Not Applicable \$5.00 Additional
		A CONTRACTOR OF THE PARTY OF TH		5. Certificate of Status Desired	Fee Required
•	6. Name and Address of Current R	egistered Agent			
NRAI SERVICES, INC. 526 E. PARK AVE.				DO NOT WRITE	Pinni Pinni Pinni
TALLAHASSEE, FL 32301				IN THIS SPACE	
				IN THIS SPACE	Many.
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					
8. The above the obligat	named entity submits this statement for took of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am	i familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent an	o tide if applicable. (NOTE, Registero	nd Agent signature required	f when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2004 U00000144864					4
9.	MANAGING MEMBER	S/MANAGERS	<u> </u>	 	-009 50.00
TITLE NAME	MGR SMITH, JAMES R				
STREET ADDRESS	4415 PHEASANT RIDGE RD SW	STE 201			
CITY-ST-ZIP	ROANOKE, VA 24014	S N. C. Supplemental	1		
NAME	PIETRZAK, JAMES R				
STREET ADDRESS CITY+ST-ZIP	4415 PHEASANT RIDGE RD SW ROANOKE, VA 24014	STE 201			- <u></u> .
TITLE	NOANOICE, VA 24014		1	•	
NAME					
STREET ADDRESS City-St-Zip				DO NOT WRIT	E
TITLE			1	IN THIS SPACE	
name Street address					··-
CITY-ST-ZIP				*	≡
TITLE					
name Street address			1		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	1		
TITLE NAME					
STREET ADDRESS			1		
CITY-SI-ZIP	and the state of t		1	and a second and a second as	
11. I hereby certify that the information supplied with this filling 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 type receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

PR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

- Date

Daytime Phone #