


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M04000004241</b><br>1. Entity Name<br>PASCO HEALTH INVESTORS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014 | Mailing Address<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014 |
|---|---|



03282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>20-1665866                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|  |
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| 6. Name and Address of Current Registered Agent<br><br>NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

DATE  
05/10/06-80107-010 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PIETRZAK, JAMES R<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SMITH, JAMES R<br>4415 PHEASANT RIDGE ROAD, SUITE 301<br>ROANOKE, VA 24014    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES R. SMITH 3/29/06 540-T12-6329

Date

Daytime Phone #