

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90080 031 ***138.75

DOCUMENT # M04000004241

1. Entity Name
PASCO HEALTH INVESTORS, LLC



Principal Place of Business
4415 PHEASANT RIDGE ROAD, SUITE 301
ROANOKE, VA 24014

Mailing Address
4415 PHEASANT RIDGE ROAD, SUITE 301
ROANOKE, VA 24014

60041620

2. Principal Place of Business - No P.O. Box #
4423 Pheasant Ridge Road
Suite, Apt. #, etc. Suite 301
City & State Roanoke, VA
Zip 24014 Country USA

3. Mailing Address
4423 Pheasant Ridge Road
Suite, Apt. #, etc. Suite 301
City & State Roanoke, VA
Zip 24014 Country USA



03312008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

4. FEI Number
20-1665866

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRZAK, JAMES R 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4423 Pheasant Ridge Road, Suite 301 Roanoke, VA 24014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES R 4415 PHEASANT RIDGE ROAD, SUITE 301 ROANOKE, VA 24014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4423 Pheasant Ridge Road, Suite 301 Roanoke, VA 24014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **3/31/08**

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