2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# M05000003687

Entity Name: BIRDMONT HEALTH CARE, LLC

Current Principal Place of Business:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

New Principal Place of Business:

24641 US HWY 19 N
CLEARWATER, FL 33763 US

Current Mailing Address:

1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

New Mailing Address:

24641 US HWY 19 N
CLEARWATER, FL 33763 US

FEI Number: 20-2970323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, BEN
1022 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

ATKINS, BEN
24641 US HWY 19 N
CLEARWATER, FL 33763 US

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.

SIGNATURE: 02/24/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ATKINS, BEN
Address: 24641 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM
Name: MORRISON, MARYA
Address: 24641 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM
Name: TUCKER, DAVID
Address: 24641 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: BEN ATKINS MGRM 02/24/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date