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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUN 2 1 2011

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Name of Foreign Limited Liability Comp	
	Name of Foleign Limited Liability Comp	Jany
Dear S	Sir or Madam:	
	nclosed Affidavit by Foreign Limited Liability Company to ging Member(s) and fee(s) are submitted for filing.	Change Manager(s) or
Please	e return all correspondence concerning this matter to the fol	llowing:
	Chrystal Hines	
	Name of Person	
	Birdmont Health Care LLC	
	Firm/Company	20 TAI
	24641 US HWY 19 N	
	Address	
	Clearwater Fl 33763	2011 JUN 17 AM 9: SECRETARÝ OF STAT ALLAHASSEE, FLOR
	City/State and Zip Code	
	chines@traditionsmanagement.net	109 109 109 109 109 109 109 109 109 109
E	-mail address: (to be used for future annual report notificat	
For fu	rther information concerning this matter, please call:	<i>*.</i>
	Chrystal Hines at (727)	723-3000
	Name of Person Area Code and Daytim	ne Telephone Number
	STREET/COURIER ADDRESS: MAILING A Registration Section Registration S Division of Corporations Division of C Clifton Building P.O. Box 632 2661 Executive Center Circle Tallahassee, Florida 32301	Section orporations 7
	sed is a check for the following amount: Tiling Fee \$\begin{array}{c} \$30 \text{ Filing Fee & } & \begin{array}{c} \$55.00 \text{ Filing Fee & } & \text{ Certified Copy} \end{array}	\$60 Filing Fee, Certificate of Status & Certified Copy

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability co Department of State is:	mpany as it appears on the records of the Florida Birdmont Health Care, LLC
2. This entity was formed under the la	iws of: Virginia
3. This entity was authorized to transa and its Florida document/registration n	act business in Florida onJune 27, 2005 number isM0500003687
4. The name and address of each mana	ager or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ben Atkins 24641 USHWY19 N ClearwaterFL33763
MGRM	West Coast Commonwealth PartnersLLC 24641 USHWY19 N ClearwaterFL33763
MGRM	Marya Morrison 24641 USHWY19 N ClearwaterFL33763
· · · · · · · · · · · · · · · · · · ·	ZOII JUN
	NIT MYSEE FE
	9: 1 , 8
Required Signature:	
Şignatare of Mana	iger, Managing Member or Member

Filing Fee: \$25