

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003688

Entity Name: BOTETOURT HEALTH CARE, LLC

FILED  
Oct 08, 2007  
Secretary of State

## Current Principal Place of Business:

1022 MAIN STREET  
STE H  
DUNEDIN, FL 34698

## New Principal Place of Business:

## Current Mailing Address:

1022 MAIN STREET  
SAFETY HARBOR, FL 34698

## New Mailing Address:

1022 MAIN STREET  
STE H  
DUNEDIN, FL 34698

FEI Number: 20-2966968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: BEN ATKINS

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ATKINS, BEN  
Address: 1022 MAIN STREET  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: MORRISON, MARYA  
Address: 1022 MAIN STREET.  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: TUCKER, DAVID  
Address: 1022 MAIN STREET  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: BEN ATKINS

MGR

10/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date