

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003688

FILED  
Feb 24, 2011  
Secretary of State

Entity Name: BOTETOURT HEALTH CARE, LLC

**Current Principal Place of Business:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698

**New Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**Current Mailing Address:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698

**New Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

FEI Number: 20-2966968

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  
SUITE H  
DUNEDIN, 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 Statutes.

SIGNATURE: BEN ATKINS

MGRM

02/24/2011

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