

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90028 019 \*\*\*138.75

**DOCUMENT # M05000004083**

1. Entity Name  
**ROOSEVELT HEALTH INVESTORS, LLC**



Principal Place of Business  
**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE, VA 94014**

Mailing Address  
**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE, VA 94014**

00001000



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)

4. FEI Number  
**NOT APPLICABLE** Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E PARK AVENUE  
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SMITH/PACKETT MED-COM, LLC 4415 PHEASANT RIDGE ROAD, SUIT 301 ROANOKE, VA 24014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>4423 Pheasant Ridge Road, Suite 301 Roanoke, VA 24014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/31/08**

Date

Daytime Phone #