

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002889 1. Entity Name MID-ATLANTIC HEALTH SOLUTIONS, LLC	
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Principal Place of Business 119 SOUTH MAIN STREET FRANKLIN, VA 23851	Mailing Address 119 SOUTH MAIN STREET FRANKLIN, VA 23851
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 86-1065373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEIER, KARL M 3408 WEAKLEY HOLLOW ROAD SYRIA, VA 22743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIDWELL, GLENN 31369 WILLOW LAND FRANKLIN, VA 23851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000801145
02/01/08-80007-003 138.75

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: Donna C Taylor Donna C. Taylor, President 1/24/08 757.562.4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # X401