

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000007399

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** CARRABELLE HEALTH INVESTORS, LLC

**Current Principal Place of Business:**

4423 PHEASANT RIDGE RD  
STE 301  
ROANOKE, VA 24014

**New Principal Place of Business:**

**Current Mailing Address:**

4423 PHEASANT RIDGE RD  
STE 301  
ROANOKE, VA 24014

**New Mailing Address:**

**FEI Number:** 26-0833059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KLINGBEIL, ROBERT T JR  
341 VENICE AVE WEST  
VENICE, FL 34285 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:** ROBERT T KLINGBEIL, JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SMITH, JAMES R  
**Address:** 4423 PHEASANT RIDGE RD - STE 301  
**City-St-Zip:** ROANOKE, VA 24014

**Title:** MGR  
**Name:** PIETRZAK, JAMES R  
**Address:** 4423 PHEASANT RIDGE RD - STE 301  
**City-St-Zip:** ROANOKE, VA 24014

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:** JAMES R SMITH

MGR

03/23/2011

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