

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003687

**Entity Name:** BIRDMONT HEALTH CARE, LLC

**Current Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763

**Current Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**FEI Number:** 20-2970323

**Certificate of Status Desired:** No

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

BLOOM, AARON  
24641 US HWY 19 N  
CLEARWATER, 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:** AARON BLOOM

04/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WEST COAST COMMONWEALTH  
PARTNERS, LLC  
Address 24671 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33763

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON BLOOM

**AUTHORIZED AGENT**

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date