

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000009974

**Entity Name:** BERNARD HEALTH, LLC**Current Principal Place of Business:**2817 WEST END AVE STE 126-281  
NASHVILLE, TN 37203**Current Mailing Address:**2817 WEST END AVE STE 126-281  
NASHVILLE, TN 37203 US**FEI Number:** 61-1607356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
3030 N ROCKY POINTE DRIVE STE 150A  
TAMPA, FL 33607 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name TOLBERT, GEORGE ALEX  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

Title MBR  
Name TOLBERT, BRIAN  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

Title MBR  
Name MCVIE ASSOCIATES, LLC  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

Title MBR  
Name ELDER, NANCY  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

Title MBR  
Name MCNAMARA, KEVIN  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

Title MBR  
Name JOHNSON, ELIZABETH  
Address 2817 WEST END AVE STE 126-281  
City-State-Zip: NASHVILLE TN 37203

*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:** SAVANNAH LUOMA

HUMAN RESOURCES

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date