

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003607

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: AMERIS HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

1114 17TH AVENUE SOUTH, SUITE #205  
NASHVILLE, TN 372122215

**New Principal Place of Business:**

**Current Mailing Address:**

1114 17TH AVENUE SOUTH, SUITE #205  
NASHVILLE, TN 372122215

**New Mailing Address:**

FEI Number: 62-1753432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZACUR & GRAHAM  
5200 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEWIS, SAM J JR.  
Address: 1114 17TH AVENUE SOUTH, SUITE #205  
City-St-Zip: NASHVILLE, TN 372122215

Title: MGR ( ) Delete  
Name: BAUER, ROBERT  
Address: 1114 17TH AVENUE SOUTH, SUITE #205  
City-St-Zip: NASHVILLE, TN 372122215

Title: MGR ( ) Delete  
Name: RAMSAY, LUTHER  
Address: 1114 17TH AVENUE SOUTH, SUITE #205  
City-St-Zip: NASHVILLE, TN 372122215

Title: MGR ( ) Delete  
Name: SIMPSON, HAROLD  
Address: 1114 17TH AVENUE SOUTH, SUITE #205  
City-St-Zip: NASHVILLE, TN 372122215

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LUTHER RAMSAY

MGR

03/16/2007

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