

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003607

FILED
Apr 09, 2009
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

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:

I hereby certify that the information supplied with this filing does not qualify 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: SAM LEWIS

MGRM

04/09/2009

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