2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000006379

1. Entity Name

ADVOCAT ANCILLARY SERVICES, INC.



Principal Place of Business

Mailing Address

1621 GALLERIA BOULEVARD BRENTWOOD, TN 37027 US 1621 GALLERIA BOULEVARD BRENTWOOD, TN 37027 US

FILED Feb 28, 2008 08:00 AM Secretary of State



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02212008 No Chg-P CR2E034 (11/05)

62-1573708	 Not Applicable \$8.75 Additional
Certificate of Status Desired	Foo Populad

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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the op	oligations of registered agent.	- (
SIGNATU	JRE	if applicable (NOTE F	Registered Agent signature	required when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 r May 1, 2008 Fee will be \$550.00	Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	 U00000842310 03/11/08-80025-002 150.00
10.	OFFICERS AND DIRECTORS				
THLE	PD				
NAME	COUNCIL, WILLIAM R III				

8. 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. I am familiar with, and accept

STREET ADDRESS | 1621 GALLERIA BOULEVARD CITY-ST-ZIP BRENTWOOD, TN 37027 **SCFO** RIDDLE, L. GLYNN JR NAME STREET ADDRESS 1621 GALLERIA BOULEVARD CITY-ST-ZIP BRENTWOOD, TN 37027 EVP TITLE TYLER, RAYMOND L NAME STREET ADDRESS 1621 GALLERIA BOULEVARD CITY-ST-ZIP BRENTWOOD, TN 37027 coo DISE TYLER, RAYMOND L NAME STREET ADDRESS 1621 GALLERIA BOULEVARD CITY-ST-ZIP BRENTWOOD, TN 37027 TITLE AS WEISHAAR, MATTHEW NAME STREET ADDRESS 1621 GALLERIA BOULEVARD CITY-ST-ZIP BRENTWOOD, TN 37027 TITLE OLSON, WALLACE E NAME STREET ADDRESS 1621 GALLERIA BOULEVARD BRENTWOOD, TN 37027 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prefix like empowered.

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IGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Glynn Riddle 2-2

2-21-08 (615)771-757

Daytime Phone #