2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028560

City-St-Zip:

Entity Name: LH CARE CENTERS OF FLORIDA, LLC

FILED May 16, 2007 Secretary of State

Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:		
SUITE 200					
	100GA, TN 37421				
Current M	lailing Address:	New Maili	New Mailing Address:		
7201 SHAL SUITE 200	LLOWFORD RD				
	, 100GA, TN 37421				
	: 13-4218141 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability co	FEI Number Not Appl mpany did not receive th		Certificate of Status Desired () ice.	
Name and	Address of Current Registered Agent:	Name and	Address	of New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK DRIVE FL 33331 US				
	named entity submits this statement for the e of Florida.	purpose of changing i	ts registei	red office or registered agent, or both	
SIGNATUR	RE:				
	Electronic Signature of Registered Ac	jent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete LIGHTHOUSE CARE CENT, ERS, LLC 7201 SHALLOWFORD RD., STE. 200 CHATTANOOGA, TN 37421	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:		() Change (X) Addition ALICE M CLARK ALLOWFORD RD., STE, 200	

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: ALICE MARIE CLARKE DANKS **MGRM** 05/16/2007

City-St-Zip: CHATTANOOGA, TN 37421