2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L04000085670

Entity Name: A & E HEALTH CARE OF TENNESSEE, LLC

Current Principal Place of Business:

C/O LOUISE JEROSLOW
6075 SUNSET DRIVE, SUITE 201
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

C/O LOUISE JEROSLOW
6075 SUNSET DRIVE, SUITE 201
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 83-0412705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE
6075 SUNSET DRIVE
SUITE 201
MIAMI, FL 33143 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: CEO ( ) Delete
Name: FANNIN, DEBORAH D
Address: 2855 REGAL PINE TRAIL
City-St-Zip: OVIEDO, FL 32766 US

Title: CFO ( ) Delete
Name: GONZALEZ, MARIA E
Address: 19720 NE 23RD AVENUE
City-St-Zip: MIAMI, FL 33180 US

ADDITIONS/CHANGES:

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: MARIA E GONZALEZ MGRM 04/26/2009

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