2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# L07000057831

Entity Name: CARE CENTERS OF NASSAU, LLC

Current Principal Place of Business:

3575 PIEDMONT ROAD, N.E.
FIFTEEN PIEDMONT CENTER, SUITE 930
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

3575 PIEDMONT ROAD, N.E.
FIFTEEN PIEDMONT CENTER, SUITE 930
ATLANTA, GA 30305

New Mailing Address:

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

Name and Address of Current Registered Agent:

MALONEY, JR., FRANK E ESQ
445 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063 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: MGRM ( ) Delete
Name: NASSAU CARE CENTERS,, INC.
Address: 3575 PIEDMONT ROAD, N.E.
City-St-Zip: ATLANTA, GA 30305

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PRES ( ) Change (X) Addition
Name: GROVE, GREGORY K
Address: 3575 PIEDMONT ROAD NE, SUITE 930
City-St-Zip: ATLANTA, GA 30305

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: GREGORY K. GROVE PRES 01/29/2008

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