2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2011
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: 80-0243327 **FEI Number Applied For ( )** **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
Name: NASSAU CARE CENTERS, INC.
Address: 3575 PIEDMONT ROAD, N.E.
City-St-Zip: ATLANTA, GA 30305

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

Title: VP
Name: ROWE, WILLIAM F III
Address: 3575 PIEDMONT ROAD NE, SUITE 930
City-St-Zip: ATLANTA, GA 30305

I hereby 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 Statues.

SIGNATURE: WILLIAM F. ROWE, III VP 01/07/2011

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