

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000128238

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA BEHAVIORAL HEALTHCARE, LLC

**Current Principal Place of Business:**

750 OLD HICKORY BLVD., SUITE 2-100  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

750 OLD HICKORY BLVD., SUITE 2-100  
BRENTWOOD, TN 37027

**New Mailing Address:**

750 OLD HICKORY BLVD., SUITE 2-100  
BRENTWOOD, TN 37027 US

**FEI Number:** 26-2330649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JENNIFER AULTMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CONTINUUM HEALTHCARE, LLC  
**Address:** 750 OLD HICKORY BLVD., SUITE 2-100  
**City-St-Zip:** BRENTWOOD, TN 37027 US

**Title:** CEO  
**Name:** ROUSE, BOB  
**Address:** 750 OLD HICKORY BLVD., SUITE 2-100  
**City-St-Zip:** BRENTWOOD, TN 37027 US

**Title:** VP  
**Name:** EDSON, DAVID  
**Address:** 750 OLD HICKORY BLVD., SUITE 2-100  
**City-St-Zip:** BRENTWOOD, TN 37027 US

**Title:** VP  
**Name:** PARSONS, JEFF  
**Address:** 750 OLD HICKORY BLVD., SUITE 2-100  
**City-St-Zip:** BRENTWOOD, TN 37027 US

**Title:** VP  
**Name:** BLAIR, FRANK  
**Address:** 750 OLD HICKORY BLVD., SUITE 2-100  
**City-St-Zip:** BRENTWOOD, TN 37027 US

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 Statutes.

**SIGNATURE:** FRANK BLAIR

VP

10/17/2011

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