

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 27, 2007 8:00 am
Secretary of State

02-20-2007 90370 038 ****50.00

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1. Entity Name
AYERS HEALTH & REHABILITATION CENTER, LLC



Principal Place of Business
**606 NE 7TH STREET
TRENTON, FL 32693**

Mailing Address
**P.O. BOX 229
TRENTON, FL 32693**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
62-1832456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P <i>managing member</i>
NAME	SWEENEY, PRESTON
STREET ADDRESS	745 S. CHURCH ST., SUITE 301
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	<i>vp managing member</i>
NAME	James Eric Bell
STREET ADDRESS	6208 W. Corporate Oaks Dr.
CITY-ST-ZIP	Crystal River, FL 34429
TITLE	Board Member <i>managing member</i>
NAME	Rick Sweeney
STREET ADDRESS	745 S. Church St. Suite 301
CITY-ST-ZIP	Murfreesboro, TN 37130
TITLE	Board Member <i>managing member</i>
NAME	Joanna Buckles
STREET ADDRESS	606 NE 7th St
CITY-ST-ZIP	Trenton, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Joanna Buckles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-23-07

2-6-07

352463-7101

Date

Daytime Phone #