

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001942

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** AYERS HEALTH & REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

606 NE 7TH STREET  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 229  
TRENTON, FL 32693

**New Mailing Address:**

**FEI Number:** 62-1832456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: SWEENEY, PRESTON  
Address: 745 S. CHURCH ST., SUITE 301  
City-St-Zip: MURFREESBORO, TN 37130

Title: MGRM ( ) Delete  
Name: ERICBELL, JAMES  
Address: 6208 NORTH CORPORATE OAKS DR  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM ( ) Delete  
Name: SWEENEY, RICK  
Address: 745 SOUTH CHURCH ST SUITE 301  
City-St-Zip: MURFREESBORO, TN 37130

Title: MGRM ( ) Delete  
Name: BUCKLES, JOANNA  
Address: 606 NE 7TH ST  
City-St-Zip: TRENTON, FL 32693

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BELL, JAMES E  
Address: 6208 W CORPOARTE OAKS DR  
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: MGR (X) Change ( ) Addition  
Name: SWEENEY, ERIC P  
Address: 714 S CHURCH STREET, SUITE A  
City-St-Zip: MURFREESBORO, TN 37130 US

Title: MGR (X) Change ( ) Addition  
Name: NEELY, WILLIAM H  
Address: 714 S CHURCH STREET, SUITE A  
City-St-Zip: MURFREESBORO, TN 37130 US

Title: MGR (X) Change ( ) Addition  
Name: BUCKLES, JOANNA  
Address: 606 NE 7TH ST  
City-St-Zip: TRENTON, FL 32693 US

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: JAMES E BELL

MGR

07/09/2008

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