

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001942

FILED
Feb 10, 2009
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 (X)

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

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

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SWEENEY, ERIC P
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128 US

Title: MGR (X) Change () Addition
Name: NEELY, WILLIAM H
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128 US

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

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: JOANNA BUCKLES

MGR

02/10/2009

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