

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001942

FILED
Feb 17, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: SD
Name: BELL, JAMES E
Address: 6208 W CORPOARTE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: PD
Name: SWEENEY, ERIC P
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128 US

Title: D
Name: NEELY, WILLIAM H
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128 US

Title: D
Name: BUCKLES, JOANNA
Address: 606 NE 7TH ST
City-St-Zip: TRENTON, FL 32693 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: JOANNA BUCKLES

D

02/17/2012

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