

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004504

FILED
Jan 21, 2010
Secretary of State

Entity Name: RAI CARE CENTERS OF FLORIDA II, LLC

Current Principal Place of Business:

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 20-3276388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KLEIN, MICHAEL
Address: 115 EAST PARK DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: MACKESY, D. SCOTT
Address: 115 EAST PARK DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: MGR
Name: TRAYNOR, SEAN
Address: 115 EAST PARK DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: VP
Name: SUNDOK, JON M
Address: 115 EAST PARK DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: VP
Name: FRANKENFIELD, MONTE
Address: 115 EAST PARK DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: CFO
Name: CRAWFORD, JOHN
Address: 115 EAST PARK DRIVE
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: JON M. SUNDOK

VP

01/21/2010

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