

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004505

1. Entity Name
RAI CARE CENTERS OF FLORIDA I, LLC



Principal Place of Business

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027

Mailing Address

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3275837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstating)

DATE

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

U000000608380
02/01/07-80032-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KLEIN, MICHAEL
115 EAST PARK DRIVE
BRENTWOOD, TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MACKESY, D. SCOTT
115 EAST PARK DRIVE
BRENTWOOD, TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TRAYNOR, SEAN
115 EAST PARK DRIVE
BRENTWOOD, TN 37027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

01-05-07

Date

605-666-1100

Daytime Phone #