


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # M05000004505 1. Entity Name RAI CARE CENTERS OF FLORIDA I, LLC	
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Principal Place of Business 115 EAST PARK DRIVE SUITE 300 BRENTWOOD, TN 37027	Mailing Address 115 EAST PARK DRIVE SUITE 300 BRENTWOOD, TN 37027
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3275837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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02/07/08-80038-023 138.75

**DO NOT WRITE
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: Michael D. Klein **MICHAEL D. KLEIN** 01.07.08 615.661.1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #