

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004505

FILED
Apr 11, 2011
Secretary of State

Entity Name: RAI CARE CENTERS OF FLORIDA I, LLC

Current Principal Place of Business:

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027

New Principal Place of Business:

1550 W MCEWEN DR
STE 500
FRANKLIN, TN 370671731 US

Current Mailing Address:

115 EAST PARK DRIVE
SUITE 300
BRENTWOOD, TN 37027

New Mailing Address:

1550 W MCEWEN DR
STE 500
FRANKLIN, TN 370671731 US

FEI Number: 20-3275837

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: PCEO
Name: CAPUTO, MARK
Address: 7650 SE 27TH ST STE 200
City-St-Zip: MERCER ISLAND, WA 980403060 US

Title: CFO
Name: SHUEY, ERIC
Address: 7650 SE 27TH ST STE 200
City-St-Zip: MERCER ISLAND, WA 980403060 US

Title: VP
Name: PARDO, RYAN
Address: 7650 SE 27TH ST STE 200
City-St-Zip: MERCER ISLAND, WA 980403060 US

Title: VP
Name: SUNDCK, JON M
Address: 1550 W MCEWEN DR STE 500
City-St-Zip: FRANKLIN, TN 370671731 US

Title: VP
Name: FRANKENFIELD, MONTE
Address: 1550 W MCEWEN DR STE 500
City-St-Zip: FRANKLIN, TN 370671731 US

Title: COO
Name: WEILAND, DEAN
Address: 1550 W MCEWEN DR STE 500
City-St-Zip: FRANKLIN, TN 370671731 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 SUNDCK

VP

04/11/2011

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