2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000006740

1. Entity Name

ATLANTIC SHORES HOSPITAL, LLC



Principal Place of Business

6640 CAROTHERS PARKWAY

SUITE 500

FRANKLIN, TN 37067

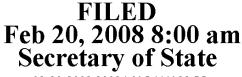
Mailing Address

6640 CAROTHERS PARKWAY

SUITE 500

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

FRANKLIN, TN 37067



02-20-2008 90024 015 ***138.75



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number				Applied For
20-3788069				Not Applicable
5. Certificate of Status Desired	П	\$5.0	00 /	Additional

6. Name and Address of Current Registered Agent

. History

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

the obligations of registered agent.

SIGNATURE:

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE				
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	MGRM PREMIER BEHAVIORAL SOLUTIONS, INC. 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DONOT	WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS	SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

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