


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 006 ***138.75

| | |
|--|---|
| DOCUMENT # M06000003111 1. Entity Name TBJ BEHAVIORAL CENTER, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 6640 CAROTHERS PARKWAY SUITE 500 FRANKLIN, TN 37067 | Mailing Address 6640 CAROTHERS PARKWAY SUITE 500 FRANKLIN, TN 37067 |
|--|--|

DO NOT WRITE IN THIS SPACE

00000000



01282008No Chg-LLC

CR2E083 (12/07)

| | |
|---|-----------------------------------|
| 4. FEI Number 20-4865566 | 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**

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.

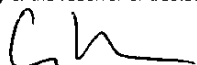
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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

1/28/08 Date 685.312.5700 Daytime Phone #