

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

27. **FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90132 015 \*\*\*138.75

<b>DOCUMENT # M07000007507</b>					
1. Entity Name RAI CARE CENTERS OF MERRITT ISLAND, LLC					
Principal Place of Business 115 EAST PARK DRIVE, STE 300 BRENTWOOD, TN 37027			Mailing Address 115 EAST PARK DRIVE, STE 300 BRENTWOOD, TN 37027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1475112	
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 restraining)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAI CARE CENTERS OF FLORIDA II, LLC 115 EAST PARK DRIVE, STE 300 BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member RAI Care Centers of Florida II, LLC 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager President & CEO Michael D. Klein 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Chairman of the Board D. Scott Mackesy 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager CFO Sean M. Trayner John K. Crawford 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Dean Weiland 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jon M. Sundock 115 East Park Drive, Suite 300 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Michael D. Klein</u>			President Michael D. Klein - Manager		02/20/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone # 615-661-1100



ATTACHMENT  
30003464

115 East Park Drive, Suite 300  
Brentwood, TN 37027-2311  
Phone: 615-661-1100  
Fax: 615-507-3300  
[www.renaladvantage.com](http://www.renaladvantage.com)

*Via Federal Express Delivery*

April 3, 2008

Division of Corporations  
Department of State  
2661 W. Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

Re: RAI Care Centers of Merritt Island, LLC  
f/k/a RAI Care Centers of ABC, LLC  
Reference No: M07000007507

Dear Sir or Madam:

Per your request, please find attached a copy of the annual report we previously filed with the titles of the managing members/managers.

If you have any questions or require additional information, please feel free to contact me at my direct dial telephone number 615-507-3318.

Very truly yours,

Samantha Kopta  
Paralegal

Attachment