


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-25-2008 90132 015 ***138.75

DOCUMENT # M07000007507 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 # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country			City & State Zip Country			
4. FEI Number 26-1475112				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02132008 Chg-LLC CR2E083 (12/06)		
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) DATE _____						
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-STATE-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-STATE-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-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager CFO Sean M. Traynor 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-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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> Michael D. Klein - Manager			President <u>02/20/2008</u>		615-661-1100	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						



ATTACHMENT
30003464

115 East Park Drive, Suite 300
Brentwood, TN 37027-2311
Phone: 615-661-1100
Fax: 615-507-3300
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,

A handwritten signature in cursive script, appearing to read 'Samantha Kopta', is written over a horizontal line.

Samantha Kopta
Paralegal

Attachment