## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000007507

Entity Name: RAI CARE CENTERS OF MERRITT ISLAND, LLC

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1550 W. MCEWEN DR

STE 500

FRANKLIN, TN 37067 US

Current Mailing Address: New Mailing Address:

1550 W. MCEWEN DR

STE 500

FRANKLIN, TN 37067 US

FEI Number: 26-1475112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: MGR

Name: RAI CARE CENTERS OF FLORIDA II, LLC

Address: 1550 W MCEWEN DR STE 500 City-St-Zip: FRANKLIN, TN 370671731 US

Title: CEO

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: COO

Name: WEILAND, DEAN

Address: 1550 W MCEWEN DR STE 500 City-St-Zip: FRANKLIN, TN 370671731 US

Title: VP

Name: SUNDOCK, JON M

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 Statues.

SIGNATURE: JON M. SUNDOCK VP 01/05/2012