

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000603

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH FIRST ASSIST, LLC

**Current Principal Place of Business:**

2445 SE 8TH STREET  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

3100 WEST END AVENUE  
SUITE 800  
NASHVILLE, TN 37203

**Current Mailing Address:**

2445 SE 8TH STREET  
POMPANO BEACH, FL 33062

**New Mailing Address:**

3100 WEST END AVENUE  
SUITE 800  
NASHVILLE, TN 37203

**FEI Number:** 11-3833672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAY, JOHN T  
2445 SE 8TH STREET  
POMPANO BEACH, FL 33062 US

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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: JIM PERKINS

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: BRUKARDT, GARY A  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: D  
Name: GRAY, JOHN T  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: D  
Name: LORDEMAN, JAMES C  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203

Title: D  
Name: MAULDIN, J. MICHAEL  
Address: 3100 WEST END AVENUE, SUITE 800  
City-St-Zip: NASHVILLE, TN 37203

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 Statutes.

SIGNATURE: JOHN TOBY GRAY

D

04/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date