

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M10000002062

FILED
Jan 23, 2014
Secretary of State

Entity Name: RAI CARE CENTERS OF SARASOTA, LLC

Current Principal Place of Business:

1550 W MCEWEN DR
STE 500
FRANKLIN, TN 370671731

New Principal Place of Business:

424 CHURCH STREET STE 1900
STE 1900
NASHVILLE, TN 37219

Current Mailing Address:

1550 W MCEWEN DR
STE 500
FRANKLIN, TN 370671731

New Mailing Address:

424 CHURCH STREET STE 1900
STE 1900
NASHVILLE, TN 37219

FEI Number: 27-2471892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: MAUREEN CATHELL

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: CEO
Name: GOGUEN, CRAIG
Address: 424 CHURCH STREET STE 1900
City-St-Zip: NASHVILLE, TN 37219 US

Title: EC
Name: LEFTON, ROBERT
Address: 424 CHURCH STREET STE 1900
City-St-Zip: NASHVILLE, TN 37219 US

Title: EVP
Name: LEFKOVITZ, JUDY
Address: 424 CHURCH STREET STE 1900
City-St-Zip: NASHVILLE, TN 37219 US

Title: EVP
Name: YALOWITZ, JAY
Address: 424 CHURCH STREET STE 1900
City-St-Zip: NASHVILLE, TN 37219 US

Title: COO
Name: GUNTER, JASON
Address: 424 CHURCH STREET STE 1900
City-St-Zip: NASHVILLE, TN 37219 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JAY YALOWITZ

EVP

01/23/2014

Electronic Signature of Authorized Person

Date