

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M95000000258

**FILED**  
**Feb 05, 2007**  
**Secretary of State**

**Entity Name:** ARCADIA HEALTHCARE, L.C.

**Current Principal Place of Business:**

9310 APISON PIKE, UNIT 4  
OOLTEWAH, TN 37363

**New Principal Place of Business:**

**Current Mailing Address:**

9310 APISON PIKE, UNIT 4  
OOLTEWAH, TN 37363

**New Mailing Address:**

**FEI Number:** 62-1599485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWE, GARY  
6817 SOUTHPOINT PKWY, STE 601  
JACKSONVILLE, FL 32216 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PENNINGTON, KEVIN  
Address: 9310 APISON PIKE, UNIT 4  
City-St-Zip: OOLTEWAH, TN 37363

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEVIN PENNINGTON

MGM

02/05/2007

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