No. <b>W 109665</b>		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CMC II, LLC  TRACEY C COSBY  115 PERIMETER CENTER PL NE  STE 600  ATLANTA GA 30346-1277		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TRACEY C COSBY						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LAVIE CARE CENTERS, LLC		800 CONCOURSE PARKWAY SOUTH	MAITLAND	FL	USA	32751-6152	
5. Organized Under the Laws of:	6. Annual Report mus	6. Annual Report must be signed.*					
R.	FL Signature: Russell D. Ragland, Jr.		Date: 01/12/2016				
W 109665	Name (type or prin	Name (type or print): Russell D. Ragland, Jr.		Title: CFO			
Processed 01/12/2016	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					