SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 JUL 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001894855
-07/16/96--01110--023

DOCUMENT # **P12480** **(0)**

1. Corporation Name

LIFE CARE CENTERS OF AMERICA, INC., OF TENNESSEE

Principal Place of Business	Mailing Address
3570 KEITH STREET. N.W. CLEVELAND TN 37312-4309	3570 KEITH STREET. N.W. CLEVELAND TN 37312-4309

3. Date Incorporated: **12/11/1986** 3a. Date: **02/08/1995**

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **62-0963862** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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83

84 City ****225.00 **FL** ****2600

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of the president or other officer of the corporation (if applicable) (NOTE: Registered Agent signature is required when name changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESTON, FORREST L. 3570 KEITH STREET, N.W. CLEVELAND TN	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director/Chairman	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'BRIEN, JOHN P 3570 KEITH ST NW CLEVELAND TN	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	President/Director	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ARELLANO, TIMOTHY B 3570 KEITH STR NW CLEVELAND TN	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S QUIGLEY, JOHN F. 9412 WOOD HOLLOW LANE CLEVELAND TN	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Secretary D. Whitten Joyner 3570 Keith Street, N.W. Cleveland, TN 37312	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CROSS, CINDY S. 3570 KEITH STREET, N.W. CLEVELAND TN	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CLAYTON, ANGELENA Y 3570 KEITHG ST. NW CLEVELAND TN 37312	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: Cindy Cross **Cindy S. Cross, Assistant Secretary (423) 339-5161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: **7/15/96** — Daytime Phone #

7/16 pd