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Secretary of State

FOR-PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P12480**

1. Corporation Name
Life Care Centers of America, Inc.

Principal Place of Business	Mailing Address
3570 Keith Street, NW **Cleveland, TN 37312**	**P. O. Box 3480** **Cleveland, TN 37320-3480**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **12/11/86**	3a. Date of Last Report **7/16/96**
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

C T 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)

83

84 City **FL** 85 Zip Code

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 person named as registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**C and D** **Forrest L. Preston** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**AT** **John F. Quigley** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P and D** **John P. O'Brien, Jr.** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**T** **Paul C. Rathburn** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**S** **D. Whitten Joyner** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	**AT** **Paul C. Rathburn** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **Timothy B. Arellano** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition CS 516197
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **Cindy S. Cross** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **Angelena Y. Clayton** **3570 Keith Street, NW** **Cleveland, TN 37312** ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 000002171540 -05/08/97--01099--016 ***165.00

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Life Care Centers of America, Inc.**
BY: **Cindy S. Cross**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1997 Date

(423) 339-5161 Daytime Phone #

Cindy S. Cross, Assistant Secretary