FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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~~PROFIT~~
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 12 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12480**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/11/1986

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 (24) Country (25) / Zip (29) Country (30)

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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)
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, FORREST L		1.2 NAME		
STREET ADDRESS	8319 MITCHELL MILL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OOLTEWAH TN 37363		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, JOHN P		2.2 NAME		
STREET ADDRESS	3215 EDGEWOOD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND TN 37312		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RATHBUN, PAUL C		3.2 NAME		
STREET ADDRESS	8207 CAARIAGE CROSSING		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN 37421		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	Secretary/Vice President	☒ Change ☐ Addition
NAME	CLAYTON, ANGELENA Y		4.2 NAME	Clayton, Angelena Y.	
STREET ADDRESS	170 HUNTERS RUN CIRCLE N.W.		4.3 STREET ADDRESS	170 Hunters Run Circle, NW	
CITY-ST-ZIP	CLEVELAND TN 37312		4.4 CITY-ST-ZIP	Cleveland, TN 37312	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARELLANO, TIMOTHY B		5.2 NAME		
STREET ADDRESS	327 MILL CREEK TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND TN 37323		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CROSS, CINDY S		6.2 NAME		
STREET ADDRESS	259 HOLLOWAY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND TN 37311		6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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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 an 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, with all other like empowered.

SIGNATURE: By: Life Care Centers of America, Inc. Judy Cross FILED (423) 473-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #