2000 UNIFORM BUSINESS REPORT (UBR)

0547419

DOCUMENT # P12480

FILED

00 FEB -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 000003136270--8 -02/15/00--01112--014 *****150.00 *****150.00 City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C D PRESTON, FORREST L 8319 MITCHELL MILL ROAD OOLTEWAH TN 37363	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ziegler, J. Stephen 3570 Keith Street,NW Cleveland, TN 37312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'BRIEN, JOHN P 3215 EDGEWOOD CIRCLE CLEVELAND TN 37312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Waddell, J. Michael 3570 Keith Street, NW Cleveland, TN 37312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CLAYTON, ANGELENA Y 170 HUNTERS RUN CIRCLE N.W. CLEVELAND TN 37312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Clayton, Angelena Y. 3570 Keith Street, NW Cleveland, TN 37312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ARELLANO, TIMOTHY B 327 MILL CREEK TRAIL CLEVELAND TN 37323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hunter, Beecher 3570 Keith Street, NW Cleveland, TN 37312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CROSS, CINDY S 259 HOLLOWAY ROAD CLEVELAND TN 37311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McMullan, John F. 3570 Keith Street, NW Cleveland, TN 37312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Henry, Terry 3570 Keith Street, NW Cleveland, TN 37312	☐ Change ☒ Addition KE

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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

Cindy S. Cross, Assistant Secretary

February 4, 2000 (423) 473-5867
Date Daytime Phone #