

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90383 031 \*\*\*150.00

**DOCUMENT # P12480**

1. Entity Name

**LIFE CARE CENTERS OF AMERICA, INC., OF TENNESSEE**

Principal Place of Business

**3570 KEITH STREET, N.W.  
CLEVELAND TN 37312-4309**

Mailing Address

**3570 KEITH STREET, N.W.  
CLEVELAND TN 37312-4309**

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)

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, 2002 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 ☐ Delete  
NAME **CD**  
STREET ADDRESS **PRESTON, FORREST L**  
CITY-ST-ZIP **8319 MITCHELL MILL ROAD  
OOLTEWAH TN 37363**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **MICHAEL, WADDELL J**  
CITY-ST-ZIP **3570 KEITH STREET, NW  
CLEVELAND TN 37312**

TITLE ☐ Change ☐ Addition  
NAME **Please see attached**  
STREET ADDRESS **Exhibit "A"**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **CLAYTON, ANGELENA Y**  
CITY-ST-ZIP **3570 KEITH STREET, NW  
CLEVELAND TN 37312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AS**  
STREET ADDRESS **THURMAN, JOAN E**  
CITY-ST-ZIP **3570 KEITH STREET NW  
CLEVELAND TN 37312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **AS**  
STREET ADDRESS **CROSS, CINDY S**  
CITY-ST-ZIP **259 HOLLOWAY ROAD  
CLEVELAND TN 37311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HUNTER, BEECHER**  
CITY-ST-ZIP **3570 KEITH STREET, N.W.  
CLEVELAND TN 37312-4309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**Life Care Centers of America, Inc.**

**SIGNATURE:**

By: **Joan E. Thurmond**, Assistant Secretary 4/15/02 423-47-35868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH # P12480/637510



3001 Keith Street, NW/P.O. Box 3480/Cleveland, Tennessee 37320-3480/(423) 472-9585

April 16, 2002

**VIA AIRBORNE EXPRESS**

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Life Care Centers of America, Inc.

Dear Representative:

Enclosed herewith for your consideration and review is the completed Uniform Business Report for the above-referenced entity. Also, enclosed herewith is a check in the amount of \$150.00 which represents the necessary filing fees. If you should have any questions and/or need additional information, please contact me at (423) 473-5869.

Thank you in advance for your assistance in this matter.

Sincerely,

Leslie Ray  
Legal Department

/lmr

Enclosures

.... ATTACH # P12480/637510

## EXHIBIT "A"

### Life Care Centers of America, Inc.

#### Board of Directors

|                     |                       |                     |
|---------------------|-----------------------|---------------------|
| Forrest L. Preston  | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Beecher Hunter      | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Angelena Y. Clayton | 3570 Keith Street, NW | Cleveland, TN 37312 |
| John F. McMullan    | 3570 Keith Street, NW | Cleveland, TN 37312 |
| J. Stephen Ziegler  | 3570 Keith Street, NW | Cleveland, TN 37312 |

#### Corporate Officers

|                                         |                          |                       |                     |
|-----------------------------------------|--------------------------|-----------------------|---------------------|
| Chairman:                               | Forrest L. Preston       | 3570 Keith Street, NW | Cleveland, TN 37312 |
| President:                              | Richard J. Wager         | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Vice President/<br>Secretary:           | Angelena Y. Clayton      | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Vice President/<br>Treasurer:           | J. Stephen Ziegler       | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Vice President:                         | Richard D. Faulkner, Jr. | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Vice President:                         | Daniel J. Biron          | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Vice President/<br>Assistant Secretary: | Cindy S. Cross           | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Assistant Treasurer:                    | Terry Henry              | 3570 Keith Street, NW | Cleveland, TN 37312 |
| Assistant Secretary:                    | Joan E. Thurmond         | 3570 Keith Street, NW | Cleveland, TN 37312 |