

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002806

**Entity Name:** CENTERSTONE OF TENNESSEE, INC.

**Current Principal Place of Business:**

44 VANTAGE WAY  
SUITE 400  
NASHVILLE, TN 37228

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**4782648292CC**

**Current Mailing Address:**

44 VANTAGE WAY  
SUITE 400  
NASHVILLE, TN 37228 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name FAULKNER, MARK  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name BINKLEY, SHAY  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name HAMILTON, KEVIN  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name BERSCHBACK, KATHRYN  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name ARNETT, JAMIE R.  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name OBREMSKEY, JILL MD  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name FRIST, TRACY  
Address 2031 OLD NATCHEZ TRACE  
City-State-Zip: FRANKLIN TN 37069

Title DIRECTOR  
Name SATZ, KATE  
Address 1142 BALBADE DRIVE  
City-State-Zip: NASHVILLE TN 37215

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIDDLETON, BEN**

**PRESIDENT**

**03/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OMAN, DANA  
Address 6119 HILLSBORO PIKE  
City-State-Zip: NASHVILLE TN 37215

Title TREASURER  
Name SPEARS, JULIE  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name SWEETEN, JIM  
Address 449 BUFFALO RUN  
City-State-Zip: GOODLETTSVILLE TN 37072

Title DIRECTOR  
Name NEU, SCOTT M.  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name CROCKETT CROOK, KELLY P.  
Address 6145 HILLSBORO PIKE  
City-State-Zip: NASHVILLE TN 37215

Title PRESIDENT, DIRECTOR  
Name MIDDLETON, BEN  
Address 44 VANTAGE WAY  
SUITE 400  
City-State-Zip: NASHVILLE TN 37228

Title DIRECTOR  
Name FAULKNER, MARK  
Address C/ O VIREO SYSTEMS  
305 WILLIAMS AVENUE  
City-State-Zip: MADISON TN 37115