

2021 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**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 DIRECTOR
Name O'LEARY, CAYLA
Address 44 VANTAGE WAY
SUITE 400
City-State-Zip: NASHVILLE TN 37228

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 SECRETARY
Name SATZ, KATE
Address 44 VANTAGE WAY
SUITE 400
City-State-Zip: NASHVILLE TN 37228

Title CHAIRMAN OF THE BOARD
Name OMAN, DANA
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

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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: ROBERT N. VERO**PRESIDENT/CEO****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VERO, ROBERT N.
Address 1291 RANSOM PLACE
City-State-Zip: NASHVILLE TN 37217

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

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

Title TREASURER/CFO
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 OBREMSKEY, JILL MD
Address 44 VANTAGE WAY
SUITE 400
City-State-Zip: NASHVILLE TN 37228

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

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

Title PRESIDENT/CEO
Name VERO, ROBERT N.
Address 1291 RANSOM PLACE
City-State-Zip: NASHVILLE TN 37217

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