2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000790

1. Entity Name
SEMPERCARE HOSPITAL OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
2745 NORTH DALLAS PARKWAY SUITE 300 PLANO, TX 75093	2745 NORTH DALLAS PARKWAY SUITE 300 PLANO, TX 75093

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2314944
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	LEFTON, ROBERT A
STREET ADDRESS	2745 NORTH DALLAS PARKWAY
CITY-ST-ZIP	PLANO, TX 75093
TITLE	VV
NAME	KAGAN, GARY A
STREET ADDRESS	2745 NORTH DALLAS PARKWAY
CITY-ST-ZIP	PLANO, TX 75093
TITLE	CFOS
NAME	KING, JOHN
STREET ADDRESS	2745 NORTH DALLAS PARKWAY
CITY-ST-ZIP	PLANO, TX 75093
TITLE	AS
NAME	PARNELL, SALLY A
STREET ADDRESS	2745 NORTH DALLAS PARKWAY
CITY-ST-ZIP	PLANO, TX 75093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80152-023 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #