2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000000790

1. Entity Name

SEMPERCARE HOSPITAL OF TALLAHASSEE, INC.



Principal Place of Business

2745 NORTH DALLAS PARKWAY

SUITE 300

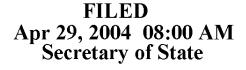
PLANO, TX 75093

Mailing Address

2745 NORTH DALLAS PARKWAY

SUITE 300

PLANO, TX 75093





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

Daytima Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324			IN THIS SPACE			
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, typed or printed name of registered agent and title if applicable (NOTE Registered			d Agent signature	required when reinstating)	DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LEFTON, ROBERT A 2745 NORTH DALLAS PARKWAY PLANO, TX 75093				000000140227 04/29/04-80152-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV KAGAN, GARY A 2745 NORTH DALLAS PARKWAY PLANO, TX 75093					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS KING, JOHN 2745 NORTH DALLAS PARKWAY PLANO, TX 75093			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PARNELL, SALLY A 2745 NORTH DALLAS PARKWAY PLANO, TX 75093					
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.						

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR