



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90347 045 \*\*\*150.00

<b>DOCUMENT # F06000007408</b> 1. Entity Name <b>SUNCREST HEALTHCARE, INC.</b>					
Principal Place of Business <b>2820-A LASSITER ROAD SUITE 150 MARIETTA, GA 30062</b>			Mailing Address <b>2820-A LASSITER ROAD SUITE 150 MARIETTA, GA 30062</b>		
2. Principal Place of Business - No P.O. Box # <b>608 Hospital Drive</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>608 Hospital Drive</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Madison, TN</b>		City & State <b>Madison, TN</b>		4. FEI Number <b>20-3701127</b>	
Zip <b>37115</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>RASMUSSEN, BARBARA L</b> <b>2820-A LASSITER ROAD, SUITE 150</b> <b>MARIETTA, GA 30062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>608 Hospital Drive</b> <b>Madison, TN 37115</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>RASMUSSEN, GARY W</b> <b>2820-A LASSITER ROAD</b> <b>MARIETTA, GA 30062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>608 Hospital Drive</b> <b>Madison, TN 37115</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>DANT, JOHN W</b> <b>608 HOSPITAL DR</b> <b>MADISON, TN 37115</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>GARY W Rasmussen</b>			4/23/08 615-865-9841 <small>Date Daytime Phone #</small>		