

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007408

Entity Name: SUNCREST HEALTHCARE, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

608 HOSPITAL AVE
MADISON, TN 37115

New Principal Place of Business:

510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115

Current Mailing Address:

608 HOSPITAL AVE
MADISON, TN 37115

New Mailing Address:

510 HOSPITAL AVE
SUITE 100
MADISON, TN 37115

FEI Number: 20-3701127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: RASMUSSEN, BARBARA L
Address: 608 HOSPITAL DRIVE
City-St-Zip: MADISON, TN 37115

Title: DST () Delete
Name: RASMUSSEN, GARY W
Address: 608 HOSPITAL DRIVE
City-St-Zip: MADISON, TN 37115

Title: DVP () Delete
Name: DANT, JOHN W
Address: 608 HOSPITAL DR
City-St-Zip: MADISON, TN 37115

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: RASMUSSEN, BARBARA L
Address: 510 HOSPITAL DRIVE, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: DST (X) Change () Addition
Name: RASMUSSEN, GARY W
Address: 510 HOSPITAL DRIVE, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: DPC (X) Change () Addition
Name: DANT, JOHN W
Address: 510 HOSPITAL DR, SUITE 100
City-St-Zip: MADISON, TN 37115

Title: EVP () Change (X) Addition
Name: BRENDA, DUNN A
Address: 510 HOSPITAL DR, SUITE 100
City-St-Zip: MADISON, TN 37115

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY W RASMUSSEN

DST

04/16/2009

Electronic Signature of Signing Officer or Director

Date