

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000775

FILED
Feb 24, 2010
Secretary of State

Entity Name: CARE CENTERS MANAGEMENT CONSULTING, INC.

Current Principal Place of Business:

2020 NORTHPARK, SUITE 2D
JOHNSON CITY, TN 376043127

New Principal Place of Business:

Current Mailing Address:

2020 NORTHPARK, SUITE 2D
JOHNSON CITY, TN 376043127

New Mailing Address:

FEI Number: 62-1366831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: D
Name: LEWIS, JIMMY (J.R.) R
Address: 2020 NORTHPARK, SUITE 2D
City-St-Zip: JOHNSON CITY, TN 376043127

Title: P
Name: LEWIS, JIMMY (J.R.) R
Address: 2020 NORTHPARK, SUITE 2D
City-St-Zip: JOHNSON CITY, TN 376043127

Title: S
Name: HOLLINGSWORTH, JOEL S
Address: 2020 NORTHPARK, SUITE 2D
City-St-Zip: JOHNSON CITY, TN 376043127

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: JIMMY (J.R.) R. LEWIS

PRES

02/24/2010

Electronic Signature of Signing Officer or Director

Date