

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000002124

1. Entity Name
DIVERSICARE LEASING CORP.



Principal Place of Business
**1621 GALLERIA BLVD.
BRENTWOOD, TN 37027 US**

Mailing Address
**1621 GALLERIA BLVD.
BRENTWOOD, TN 37027 US**



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1317705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000842311
03/11/08-80025-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OLSON, WALLACE E 1621 GALLERIA BLVD. BRENTWOOD, TN 37027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUNCIL, III, WILLIAM R 1621 GALLERIA BLVD. BRENTWOOD, TN 37027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS RIDDLE, L. GLYNN 1621 GALLERIA BLVD BRENTWOOD, TN 37027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: L. Glynn Riddle 2-21-08 (615) 771-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #