

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90535 001 ***900.00

DOCUMENT # F94000006502

1. Entity Name
LIVING CENTERS - EAST, INC.

Principal Place of Business
KATY FREEWAY, STE 800
TX 77094

Mailing Address
ONE RAVINIA DR
STE 1500
ATLANTA GA 30346-2115
US

2. Principal Place of Business
One Ravinia Drive
 Suite, Apt. #, etc.
Suite 1500
 City & State
Atlanta, GA
 Zip
30346

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-1955204** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, J D		NAME	George D Morgan	
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	One Ravinia Drive, #1500	
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BOYD P		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELE, STEFANO M		NAME		
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, SUSAN T		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30346		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stefano M. Miele* **ACQUIRED** *4/17/00* *678-443-6704*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)