

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 022 ***550.00

DOCUMENT # F94000006502

1. Entity Name
LIVING CENTERS - EAST, INC.



Principal Place of Business
**ONE RAVINIA DR., SUITE 1500
ATLANTA, GA 30346**

Mailing Address
**ONE RAVINIA DR
STE 1500
ATLANTA, GA 30346 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAS
WHITTLE, SUSAN T
ONE RAVINIA DR STE 1500
ATLANTA, GA 30346** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
William J. Marshall
One Ravinia Dr., Ste. 1500
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
MIELE, STEFANO M
ONE RAVINIA DRIVE, SUITE 1500
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Stefano M. Miele
One Ravinia Dr., Ste. 1500
Atlanta, GA 30346** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
GENTRY, BOYA P
ONE RAVINIA DRIVE STE 1600
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
Boyd P. Gentry
One Ravinia Dr., Ste. 1500
Atlanta, GA 30346** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NOTERMANN, JOHN
ONE RAVINIA DRIVE STE 1500
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mike Turner
One Ravinia Dr., Ste. 1500
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
ZUROVEC, DARRELL
ONE RAVINIA DR STE 1500
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John Mangine
One Ravinia Dr., Ste. 1500
Atlanta, GA 30346** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SIMS, WYNN G
ONE RAVINIA DR STE 1500
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wynn G. Sims (Wynn G. Sims)

June 9, 2003

678-443-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)