FILED
Jul 02, 2003 8:00 am
Secretary of State
07-02-2003 90009 022 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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 signature required when reinstating) 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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DAS	☒ Delete	TITLE	DP	☐ Change ☒ Addition
NAME	WHITTLE, SUSAN T		NAME	William J. Marshall	
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VPS	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	MIELE, STEFANO M		NAME	Stefano M. Miele	
STREET ADDRESS	ONE RAVINIA DRIVE, SUITE 1500		STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	DPT	☐ Delete	TITLE	VPT	☒ Change ☐ Addition
NAME	GENTRY, BOYA P		NAME	Boyd P. Gentry	
STREET ADDRESS	ONE RAVINIA DRIVE STE 1500		STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	V	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	NOTERMANN, JOHN		NAME	Mike Turner	
STREET ADDRESS	ONE RAVINIA DRIVE STE 1500		STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	VAS	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ZUROVEC, DARRELL		NAME	John Mangine	
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS	One Ravinia Dr., Ste. 1500	
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIMS, WYNN G		NAME		
STREET ADDRESS	ONE RAVINIA DR STE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		

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 #