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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M54324 (2)

1. Corporation Name
CEDARCARE, INC.

Principal Place of Business

ONE PARK PLAZA
ATTN: TAX
NASHVILLE TN 37203
US

Mailing Address

ATTN: TAX DEPT
P.O. BOX 570
NASHVILLE TN 37202-0570
US



3. Date Incorporated or Qualified

06/22/1987

3a. Date of Last Report

11/05/1996

4. FEI Number

65-0005382

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 750

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVP
NAME BRAUN, STEPHEN T
STREET ADDRESS ONE PARK PLACE
CITY-ST-ZIP NASHVILLE TN

TITLE SVP
NAME DONAHEY, KENNETH C
STREET ADDRESS ONE PARK PLACE
CITY-ST-ZIP NASHVILLE TN

TITLE P
NAME FLEETWOOD, JIM
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN

TITLE SVP
NAME SCHWEINHART, RICHARD A.
STREET ADDRESS ONE PARK PLACE
CITY-ST-ZIP NASHVILLE TN

TITLE VP
NAME JOHNSON, R MILTON
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE SVP
NAME MOORE, JOSEPH D
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

4/10/97