

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007462

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SAGE LIVING CENTERS, INC.

Current Principal Place of Business:

2300 BETHELVIEW ROAD
SUITE 110-195
CUMMING, GA 30040

New Principal Place of Business:

6030 BETHELVIEW ROAD
SUITE 102
CUMMING, GA 30040

Current Mailing Address:

2300 BETHELVIEW ROAD
SUITE 110-195
CUMMING, GA 30040

New Mailing Address:

6030 BETHELVIEW ROAD
SUITE 102
CUMMING, GA 30040

FEI Number: 58-2581366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, JAMES
2503 CHESTERFIELD DR
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: ADAIR, JOE B DR
Address: 201 WISELY WAY
City-St-Zip: RINGGOLD, GA 30736

Title: D () Delete
Name: MOORE, EDWARD A
Address: 1701 N GREENVILLE, SUITE 802
City-St-Zip: RICHARDSON, TX 75081

Title: D (X) Delete
Name: NIXON, CHARLES R
Address: 3660 BURNT BRIDGE ROAD
City-St-Zip: CUMMING, GA 30040

Title: D () Delete
Name: HOLOARD, CHARLES S
Address: 10109 BIG CANOE
City-St-Zip: JASPER, GA 30126

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOWARD, CHARLES S
Address: 10109 BIG CANOE
City-St-Zip: JASPER, GA 30126

Title: D () Change (X) Addition
Name: SPARKS, JAMES
Address: 2503 CHESTERFIELD DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: D () Change (X) Addition
Name: LESS, ROBIN
Address: 2909 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES S HOWARD

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date