

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007462

FILED
Mar 19, 2004
Secretary of State**Entity Name:** SAGE LIVING CENTERS, INC.**Current Principal Place of Business:**300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US**New Principal Place of Business:**ONE TOWNSLEY DRIVE
SUITE 2E
CARTERSVILLE, GA 30120 US**Current Mailing Address:**300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US**New Mailing Address:****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:**PAWLOWSKI, GLEN J
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US

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: GLEN J PAWLOWSKI

03/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: MOORE, EDWARD A
Address: 1701 N GREENVILLE, SUITE 1125
City-St-Zip: RICHARDSON, TX 75081 US**Title:** PD () Delete
Name: NIXON, CHARLES R
Address: 84 LAZY WATER DRIVE
City-St-Zip: EUHARLEE, GA 30120 US**Title:** D () Delete
Name: SPARKS, JAMES
Address: 2503 CHESTERFIELD DRIVE
City-St-Zip: FT PIERCE, FL 34982 US**Title:** D (X) Delete
Name: LESS, ROBIN
Address: 2909 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34981 US**Title:** SD (X) Delete
Name: SICKERT, JAYME S
Address: 950 LANDOVER CROSSING
City-St-Zip: SUWANEE, GA 30024 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: MOORE, EDWARD A
Address: 2802 ENCHANTED CIRCLE
City-St-Zip: GARLAND, TX 75044 US**Title:** PSD (X) Change () Addition
Name: NIXON, CHARLES R
Address: 84 LAZY WATER DRIVE
City-St-Zip: EUHARLEE, GA 30120 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 R NIXON

P

03/19/2004

Electronic Signature of Signing Officer or Director

Date