

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007462

FILED
Apr 29, 2003
Secretary of State

Entity Name: SAGE LIVING CENTERS, INC.

Current Principal Place of Business:

6030 BETHELVIEW ROAD
SUITE 102
CUMMING, GA 30040

Current Mailing Address:

6030 BETHELVIEW ROAD
SUITE 102
CUMMING, GA 30040

New Principal Place of Business:

300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US

New Mailing Address:

300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, EDWARD A
Address: 1701 N GREENVILLE, SUITE 1125
City-St-Zip: RICHARDSON, TX 75081 US

Title: PD (X) Change () Addition
Name: NIXON, CHARLES R
Address: 84 LAZY WATER DRIVE
City-St-Zip: EUHARLEE, GA 30120 US

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

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

Title: SD () Change (X) Addition
Name: SICKERT, JAYME S
Address: 950 LANDOVER CROSSING
City-St-Zip: SUWANEE, GA 30024 US

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

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date