# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003**
**Secretary of State**

DOCUMENT# N99000003374

**Entity Name:** CAMELOT COMMUNITY CARE, INC.

**Current Principal Place of Business:**

104 WOODMONT BLVD
STE LL50
NASHVILLE, TN 37205

**New Principal Place of Business:**

5444 JEFFERSON DAVIS HIGHWAY
SUITE 100
FREDERICKSBURG, VA 22407 US

**Current Mailing Address:**

620 NORTH CRAYCROFT
TUCSON, AZ 85711

**New Mailing Address:**

**FEI Number: 31-1659302** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD ( ) Delete
Name: MCCUSKER, FLETCHER
Address: 620 NORTH CRAYCROFT
City-St-Zip: TUCSON, AZ 85711

Title: PD ( ) Delete
Name: FAVIS, MARTIN J
Address: 35 KNOLLWOOD ESTATES DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: DEITCH, MICHAEL N
Address: 620 NORTH CRAYCROFT
City-St-Zip: TUCSON, AZ 85711

**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:

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: MICHAEL DEITCH SD 05/01/2003
Electronic Signature of Signing Officer or Director — Date