
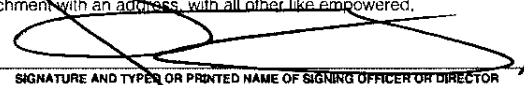


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90068 042 ***150.00

DOCUMENT # P01000020631 1. Entity Name CARE CENTERS MANAGEMENT OF NICEVILLE, INC.					
Principal Place of Business 2020 NORTHPARK STE 2D JOHNSON CITY, TN 37604			Mailing Address 2020 NORTHPARK STE 2D JOHNSON CITY, TN 37604		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C.T. CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D LEWIS, JIMMY RANDALL		TITLE	<input checked="" type="checkbox"/> Delete	
NAME	2020 NORTHPARK STE 2D		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	JOHNSON CITY, TN 37604		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S LINVILLE, LARRY V		TITLE	<input type="checkbox"/> Delete	
NAME	2020 NORTHPARK STE 2D		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	JOHNSON CITY, TN 37604		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P LEWIS, JR		TITLE	<input type="checkbox"/> Delete	
NAME	2020 NORTHPARK, STE 2F		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	JOHNSON CITY, TN 376043127		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Delete	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Delete	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X 			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03-12-2004 Daytime Phone # 423-975-5455		

94038309



03122004 Chg-P CR2E034 (10/03)

4. FEI Number **58-2612504** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**