

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000020631**

1. Entity Name  
**CARE CENTERS MANAGEMENT OF NICEVILLE, INC.**



Principal Place of Business  
**2020 NORTH PARK STE 2D  
JOHNSON CITY, TN 37604**

Mailing Address  
**2020 NORTH PARK STE 2D  
JOHNSON CITY, TN 37604**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. Fil Number  
**58-2612504**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C.T. CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>
NAME	<b>LINVILLE, LARRY V</b>
STREET ADDRESS	<b>2020 NORTH PARK STE 2D</b>
CITY- ST- ZIP	<b>JOHNSON CITY, TN 37604</b>
TITLE	<b>P</b>
NAME	<b>LEWIS, JR</b>
STREET ADDRESS	<b>2020 NORTH PARK, STE 2F</b>
CITY- ST- ZIP	<b>JOHNSON CITY, TN 376043127</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

**2-14-2005**

Date

**423-975-5455**

Daytime Phone #