

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12480

1. Entity Name
LIFE CARE CENTERS OF AMERICA, INC., OF
TENNESSEE



Principal Place of Business
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312-4309

Mailing Address
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312-4309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008

Chg-P

CR2E034 (12/06)

4. FEI Number
62-0963862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME CD
STREET ADDRESS PRESTON, FORREST L
CITY-ST-ZIP 220 ANATOLE LANE
CLEVELAND, TN 37312 ☐ Delete

TITLE
NAME VP/Assistant
STREET ADDRESS Cindy S. Cross
CITY-ST-ZIP 3570 Keith Street, NW
CLEVELAND, TN 37312 ☐ Change ☒ Addition

TITLE
NAME VSD
STREET ADDRESS CLAYTON, ANGELENA Y
CITY-ST-ZIP 170 HUNTER RUN CIR.
CLEVELAND, TN 37312 ☐ Delete

TITLE
NAME Assistant Secretary
STREET ADDRESS Joan E. Thurmond
CITY-ST-ZIP 3570 Keith Street, NW
CLEVELAND, TN 37312 ☐ Change ☒ Addition

TITLE
NAME VPTD
STREET ADDRESS ZIEGLER, J. STEPHEN
CITY-ST-ZIP 9263 DAYFLOWR DR.
OOLTEWAH, TN 37363 ☐ Delete

TITLE
NAME Assistant Treasurer
STREET ADDRESS Terry Henry
CITY-ST-ZIP 3570 Keith Street, NW
CLEVELAND, TN 37312 ☐ Change ☒ Addition

TITLE
NAME P
STREET ADDRESS BEECHER, HUNTER
CITY-ST-ZIP 3570 KIETH STREET, NW
BIRMINGHAM, AL 35223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200116365147
01/29/08--01038--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JAN 22 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1-17-08