

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90043 019 ***150.00

NR031BR AT

DOCUMENT # P23090

1. Entity Name
CARE CENTERS MANAGEMENT GROUP, INC.

Principal Place of Business
2020 NORTH PARK
STE. 2F
JOHNSON CITY TN 37604-3127
US

Mailing Address
2020 NORTH PARK
STE. 2F
JOHNSON CITY TN 37604-3127
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2020 Northpark
 Suite, Apt. #, etc.
Suite 2F

3. Mailing Address
2020 Northpark
 Suite, Apt. #, etc.
Suite 2F

City & State
Johnson City, Tn

City & State
Johnson City, Tn

4. FEI Number
62-1366831

Applied For
 Not Applicable

Zip
37604-3127 Country
US

Zip
37604-3127 Country
US

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **LEWIS, J.R.**
 STREET ADDRESS **2020 NORHTPARK, STE. 2F**
 CITY-ST-ZIP **JOHNSON CITY TN 37604-3127**

TITLE **S** ☐ Delete
 NAME **LINVILLE, LARRY V.**
 STREET ADDRESS **2020 NORTH PARK, STE. 2F**
 CITY-ST-ZIP **JOHNSON CITY TN 37604-3127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2002
 Date

423-975-5455
 Daytime Phone #

CR2E034 (9/01)