FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38974 (2)

1. Corporation Name
SAWGRASS CARE CENTER, INC.

Principal Place of Business	Mailing Address
9233 WARD PARKWAY, SUITE 270 KANSAS CITY MO 64114	9233 WARD PARKWAY, SUITE 270 KANSAS CITY MO 64114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2600 Grand
22: Suite, Apt. #, etc.
23: City & State: Kansas City, Missouri
24: Zip: 64108-4606
25: Country: U.S.A.

2a. Mailing Address
26: 2600 Grand
27: Suite, Apt. #, etc.
28: City & State: Kansas City, Missouri
29: Zip: 64108-4606
30: Country: U.S.A.

4. FEI Number: 43-1614315 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CREEMORE, S. W. JR	1.2 NAME	
STREET ADDRESS	5000 EAST VALLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	CREEMORE, S. W. III	2.2 NAME	
STREET ADDRESS	NO. 2 BERRY HILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CARLA	3.2 NAME	
STREET ADDRESS	804 LINDA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VAN BUREN AR	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, LEM T. JR	4.2 NAME	
STREET ADDRESS	1005 W. 125TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MI	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	MARX, PAUL GERARD	5.2 NAME	
STREET ADDRESS	9317 DELMAR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 54	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with an address.

SIGNATURE: Paul Gerard Marx, Assistant Secretary 3/17/95 (816)691-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477733 FP