## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



CORPORATION ANNUAL REPORT  1996  FI CHILDA DEPARTMENT OF STATE FI CHILDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division of Corporations						
DOCUM 1. Corporation I						
Sawgra	ss Care Center, Inc	•				
Principal Place of Business Mailing Address						
2600 Grand Avenue 2600 Grand Avenu Kansas City, MO 64108-4606 Kansas City, MO				108-460	6	
Kalisas C	1ty, 110 04100 4000				3. Date Incorporated or Qualified 05/22/1992	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	28. Mailing Address			4. FEI Number 43-1614315	Applied For  Not Applicable
Suite, Apt #	, etc	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Zip	Country	<b>Zip</b>	Cou	ntry	This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032.
24	25 9. Name and Address of Current	29 Peoistered Agent	30		10. Name and Address of New R	
CT Corporation System 1200 S. Pine Island Road, Suite 250 Plantation, FL 33324-4459				83 City	ddress (P.O. Box Number is Not Accepte	FL 85 Zip Code
office or re agent. Lan	o the provisions of Sections 607.0502 gistered agent, or both, in the State in familiar with, and accept the obliga	of Florida Socii Change was itions of, Section 607.0505, I	Florida Sta	lutes.	orporation submits this statement for the oration's board of directors. I hereby acco	purpose of changing its registered ept the appointment as registered
	Signature Typed or printed name of registered ager OFFICERS AND		Off Registere 13.	c Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFF	
12.	P/D	DELETE	1. 1 1	ITLE		Change Addition
NAME	Creekmore, S.W. Jr.	•	1.2 N	AME		
STHEET ADDRESS	5000 East Valley Ro			TREE1 ADDRESS		
CITY - ST - ZIP	Fort Smith, AR 7290		140 2.11	(TY - S1 - 7IP		ChangeAddition
TIBLE	V/D	_	221	1		
NAME expert appears	Creekmore, S.W. III			IREET ADDRESS	The state state state state and the state state of	يسن يست يددو يست يددو
CITY-ST-ZIP	No. 2 Berry Hill Fort Smith, AR 729	ሰ3	240	ITY - ST - ZIP	2000018) ——— <del>84/38/96—81</del>	Ue U fe! 111050
TITLE	S	DELETE	3 1	TITLE	***200.00	Change Addition
NAME	Carla Campbell			IAME	***************************************	
STREET ADDRESS	804 Linda Lane	*		STREET AUDRESS		
CITY ST ZIP	Van Buren, AR 7295	6 [X DELETE		CITY-ST-ZIP TITLE	AS	Change X Addition
DILE	AS Jones, Lem T. Jr.	(A) Deterio		IAME	Lehr, S. Ruth	l
NAME STREET ADDRESS	1005 W. 125th Terr	908		STREET ADDRESS	42 E. 106th Street	•
CITY - ST - ZIP	Kansas City, MO 64		4.4	CITY - S1-ZIP	Kansas City, MO 6411	4
THE	AS	X DELETE	5 1	TITLE		Change Addition
NAME	Marx, Paul Gerard		i i	NAME		
STREET ADDRESS	9317 Delmar Drive			STREET ADDRESS		_1
CITY - \$1 - 7IP	Prairie Village, K	S 66207		CITY - ST - ZIP TITLE		Change Addition
TILE		. Morrece		NAMÉ		Ž
NAME PROCES ADDRESS				STREET ADDRESS		
STREET ADDRESS			6.4	CHV. ST. 7IP		\
CITY-S1-ZIP	1	durith this diling is unbinteril	v furnishor	l and does no	quality for the exemption stated in Secti	ion 119.07(3)(k), Florida Statutes I

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 1 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 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 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 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 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 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 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 further certify that the information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certified in Section 119.07(3)(k). Florida Statutes is further certified in Section 119.07(3)(k). Florida Statutes is further certified in Section 119.07(3)(k).

SIGNATURE:

SIGNATURE AND TYPED THERINTED NAME OF SIGNING OFFICER OR DIRECTOR S. Ruth Lehr, Assistant Secretary April 26, 1996 (816) 691-2736

CR2E034 (12/95)