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

05-13-2002 90157 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38974

1. Entity Name
SAWGRASS CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4505 MADISON
Suite, Apt. #, etc.
City & State: KANSAS CITY, MO
Zip: 64111 Country: USA

3. Mailing Address
4505 MADISON
Suite, Apt. #, etc.
City & State: KANSAS CITY, MO
Zip: 64111 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: NEWELL, ROBERT D. JR.
Street Address (P.O. Box Number is Not Acceptable): 817 NORTH GADSDEN STREET
City: TALLAHASSEE FL Zip Code: 32303

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: _____ DATE
Signature, typed or printed name of registered agent and title if agent other. (NOTE: Registered Agent signature required by law.)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P D CREEKMORE, S.W. JR. 901 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D CREEKMORE, S.W. III NO. 2 BERRY HILL FORT SMITH, AR 72903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAMPBELL, CARLA 2015 LEE CREEK DRIVE VAN BUREN, AR 72956
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LEHR, S. RUTH 6020 ELM STREET RAYTOWN, MO 64133
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Ruth Lehr (S. RUTH LEHR) 4/24/02 (816)761-0554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #