

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38974

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: SAWGRASS CARE CENTER, INC.

## Current Principal Place of Business:

4505 MADISON  
KANSAS CITY, MO 64111 US

## New Principal Place of Business:

5303 E. HIGHWAY 45  
FORT SMITH, AR 72916 US

## Current Mailing Address:

4505 MADISON  
KANSAS CITY, MO 64111 US

## New Mailing Address:

P.O. BOX 3068  
FORT SMITH, AR 72913 US

FEI Number: 43-1614315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, ROBERT D JR  
817 NORTH GADSDEN STREET  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CREEKMORE, S W JR  
Address: 901 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV ( ) Delete  
Name: CREEKMORE, S W III  
Address: NO. 2 BERRY HILL  
City-St-Zip: FT. SMITH, AR 72903

Title: S ( ) Delete  
Name: CAMPBELL, CARLA  
Address: 2015 LEE CREEK DRIVE  
City-St-Zip: VAN BUREN, AR 72956

Title: AS ( ) Delete  
Name: LEHR, S. RUTH S  
Address: 6020 ELM STREET  
City-St-Zip: RAYTOWN, MO 64133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: LEHR, S. RUTH  
Address: 6020 ELM STREET  
City-St-Zip: RAYTOWN, MO 64133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. RUTH LEHR

AS

03/31/2004

Electronic Signature of Signing Officer or Director

Date