2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38974

FILED Mar 31, 2004 Secretary of State

Entity Name: SAWGRASS CARE CENTER INC.

Name and Address of Current Registered Agent: Newell, Robert D JR 817 North Gadson Street Tallahasse, FL 32303 Us The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().	Littly Nai	IIIE. SAVVORA	33 CARL CLIVIER, INC.	
KANSAS CITY, MO 64111 US FORT SMITH, AR 72916 US Current Mailing Address: 4505 MADISON KANSAS CITY, MO 64111 US 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current P	rincipal Place	of Business:	New Principal Place of Business:
4505 MADISON KANSAS CITY, MO 64111 US FEI Number: 43-1614315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: N			1 US	
KANSAS CITY, MO 64111 US FEI Number: 43-1614315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Newell, Robert D JR 817 NORTH GADSDEN STREET TALLAHASSEE, FL 32303 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current M	lailing Addres	s:	New Mailing Address:
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817 NORTH GADSDEN STREET TALLAHASSEE, FL 32303 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:
in the State of Florida. SIGNATURE:	817 NORT	TH GADSDEN S	STREET	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: PD () Delete Title: () Change () Addition Name: CREEKMORE, S W JR Name: Address: 901 PONTE VEDRA BLVD. Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: DV () Delete Title: () Change () Addition Name: CREEKMORE, S W III Name: Address: NO. 2 BERRY HILL Address: City-St-Zip: FT. SMITH, AR 72903 Title: S () Delete Title: () Change () Addition Name: CAMPBELL, CARLA Name: Address: 2015 LEE CREEK DRIVE Address: City-St-Zip: VAN BUREN, AR 72956 Title: AS () Delete Title: AS (X) Change () Addition Name: LEHR, S. RUTH S Name: LEHR, S. RUTH Address: 6020 ELM STREET			submits this statement for th	ne purpose of changing its registered office or registered agent, or bot
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	Name: Address:	LEHR, S. RUTH 6020 ELM STRE	S EET	Name: LEHR, S. RUTH Address: 6020 ELM STREET

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