# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# P38974

**Entity Name:** SAWGRASS CARE CENTER, INC.

**Current Principal Place of Business:**

5303 E. HIGHWAY 45
FORT SMITH, AR 72916 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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 04/27/2005

Electronic Signature of Signing Officer or Director Date