

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38974

FILED
Apr 27, 2007
Secretary of State

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 exemption stated in Chapter 119, 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

04/27/2007

Electronic Signature of Signing Officer or Director

Date