2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003
Secretary of State

DOCUMENT# P95000073820

Entity Name: COUNTRY HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

11000 PROSPERITY FARMS RD
SUITE 100
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

11000 PROSPERITY FARMS RD
SUITE 100
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0624349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECHT, ROBERT
11000 PROSPERITY FARMS ROAD
SUITE 100
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CLEVELAND, THERESA B
11000 PROSPERITY FARMS ROAD
SUITE 100
PALM BEACH GARDENS, FL 33410 US

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: THERESA B. CLEVELAND 03/10/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BECHT, ROBERT
Address: 11000 PROSPERITY FARMS ROAD, SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T ( ) Delete
Name: CLEVELAND, THERESA B.
Address: 11000 PROSPERITY FARMS ROAD, SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PRES (X) Delete
Name: BECHT, ROB J
Address: 11000 PROSPERITY FARMS ROAD, SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BECHT, ROBERT M
Address: 11000 PROSPERITY FARMS ROAD, SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/T (X) Change ( ) Addition
Name: CLEVELAND, THERESA B.
Address: 11000 PROSPERITY FARMS ROAD, SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: THERESA B. CLEVELAND S/T 03/10/2003
Electronic Signature of Signing Officer or Director Date