

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000075204

**Entity Name:** CAPITAL CITY SENIORS MANAGEMENT, INC.

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC3083556429**

**Current Principal Place of Business:**

1819 PEACHTREE ROAD, NE  
SUITE 450  
ATLANTA, GA 30309

**Current Mailing Address:**

1819 PEACHTREE ROAD, NE  
SUITE 450  
ATLANTA, GA 30309 US

**FEI Number: 46-3665206**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEOD
Name	COATS, BRYANT G
Address	1819 PEACHTREE ROAD, NE SUITE 450
City-State-Zip:	ATLANTA GA 30309
Title	CFO, DIRECTOR, EVP, ASSISTANT SECRETARY, TREASURER
Name	WEST, JOHN R
Address	1819 PEACHTREE ROAD, NE SUITE 450
City-State-Zip:	ATLANTA GA 30309
Title	VP
Name	ASHLEY, HEATHER-DAWN
Address	1819 PEACHTREE ROAD, NE SUITE 450
City-State-Zip:	ATLANTA GA 30309

Title	PRESIDENT, DIRECTOR, ASSISTANT SECRETARY
Name	NORTHCUTT, CHASE
Address	1819 PEACHTREE ROAD, NE SUITE 450
City-State-Zip:	ATLANTA GA 30309
Title	S
Name	NORTHCUTT, CHARLES W III
Address	100 CAMELLIA DR
City-State-Zip:	DOTHAN AL 36303

*I hereby 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 all other like empowered.*

**SIGNATURE: CHASE NORTHCUTT**

**PRESIDENT**

**03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date