

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042737

FILED  
Apr 24, 2004  
Secretary of State

Entity Name: LTC INSURANCE SPECIALISTS, INC.

## Current Principal Place of Business:

PMB 156  
7512 DR. PHILLIPS BLVD., STE. #50  
ORLANDO, FL 328195100

## New Principal Place of Business:

8037 OLD TOWN DRIVE  
ORLANDO, FL 328193919

## Current Mailing Address:

PMB 156  
7512 DR. PHILLIPS BLVD., STE. #50  
ORLANDO, FL 328195100

## New Mailing Address:

8037 OLD TOWN DRIVE  
ORLANDO, FL 328193919

FEI Number: 02-0586700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZAPPASODI, RICHARD A  
8037 OLD TOWN DRIVE  
ORLANDO, FL 32819 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: D ( ) Delete  
Name: ZAPPASODI, RICHARD A  
Address: PMB 156, 7512 DR. PHILLIPS BLVD., STE. #50  
City-St-Zip: ORLANDO, FL 328195100

Title: D ( ) Delete  
Name: ZAPPASODI, LYDIA E  
Address: PMB 156, 7512 DR. PHILLIPS BLVD., STE. #50  
City-St-Zip: ORLANDO, FL 328195100

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ZAPPASODI, RICHARD A  
Address: 8037 OLD TOWN DRIVE  
City-St-Zip: ORLANDO, FL 328193919

Title: D (X) Change ( ) Addition  
Name: ZAPPASODI, LYDIA E  
Address: 8037 OLD TOWN DRIVE  
City-St-Zip: ORLANDO, FL 328193919

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: RICHARD A. ZAPPASODI

D

04/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date