1 of 2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JUL 28 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102938

1. Entity Name
LTC RISK RETENTION GROUP, INC.

Principal Place of Business	Mailing Address
315 S CALHOUN ST, STE 300 TALLAHASSEE, FL 32301	315 S CALHOUN ST, STE 300 TALLAHASSEE, FL 32301

07152004 Chg-P CR2E034 (10/03) 04

2. Principal Place of Business	3. Mailing Address
506 Sarasota Quay Suite, Apt. #, etc.	506 Sarasota Quay Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number: 02-0650614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRISP, GAIL 315 S CALHOUN ST, STE 300 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, RAYMOND M 1000 VICARS LANDING WAY PONTE VEDRA BCH, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST NORTON, JAMES N 700 MEASE PL DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Jamie L. Glavich 9664 Hood Road Jacksonville, FL 32257 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAW, LARRY D SR RT 3 BOX 26 MAYO, FL 32066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, ED 1601 PINE LAKE DR VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV 100039644901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLUCKSMAN, JOSEPH 534 DATURA ST W PALM BCH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, JAMES E 6220 MANATEE AVE WEST #302 BRADENTON, FL 34209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond M Johnson Raymond M Johnson July 19 2004 904 273-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 824432 4311473

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 158.75

ORDER DATE : July 28, 2004

ORDER TIME : 10:43 AM

ORDER NO. : 824432-005

CUSTOMER NO: 4311473

CUSTOMER: Maritza Villar, Legal Asst
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

ANNUAL REPORT FILING

NAME: LTC RISK RETENTION GROUP, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____