2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000102938

1. Entity Name
PONCE DE LEON LTC RISK RETENTION GROUP, INC.

Principal Place of Business	Mailing Address
475 WEST TOWN PLACE ATTN: JOHN ROGAN ST AUGUSTINE, FL 32092	C/O CURTIS SITTERSON 150 W FLAGLER ST, MUSEUM TOWER, STE 2200 MIAMI, FL 33130

01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SITTERSON, CURTIS
150 WEST FLAGLER STREET
MUSEUM TOWER, SUITE 2200
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, RAYMOND M
STREET ADDRESS	1000 VICARS LANDING WAY
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32084
TITLE	DST
NAME	GLAVICH, JAMIE L
STREET ADDRESS	9664 HOOD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DV
NAME	TAYLOR, ED
STREET ADDRESS	1601 PINE LAKE DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	GLUCKSMAN, JOSEPH
STREET ADDRESS	534 DATURA ST
CITY-ST-ZIP	W PALM BCH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000704475
04/23/07-80012-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 15 Jan 2007 904-273-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #