

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000067128

**Entity Name:** GARSPEN LONG-TERM CARE INSURANCE, INC.

**Current Principal Place of Business:**

550 RUTILE DR.  
PONTE VEDRA BCH, FL 32082

**Current Mailing Address:**

550 RUTILE DR.  
PONTE VEDRA BCH, FL 32082

**FEI Number:** 26-2987906

**Certificate of Status Desired:** No

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

BROWN, LYNETTE L  
550 RUTILE DR.  
PONTE VEDRA BCH, FL 32082 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 D  
Name BROWN, ROBERT G  
Address 550 RUTILE DR.  
City-State-Zip: PONTE VEDRA BCH FL 32082

Title D  
Name BROWN, LYNETTE L  
Address 550 RUTILE DR.  
City-State-Zip: PONTE VEDRA BCH FL 32082

*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:** LYNETTE L BROWN

**DIRECTOR**

**03/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date