

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400002648

Entity Name: LONG TERM CARE PARTNERS, LLC

Current Principal Place of Business:

100 ARBORETUM DRIVE
SUITE 100
PORTSMOUTH, NH 03801

FILED
Apr 26, 2023
Secretary of State
1625202116CC

Current Mailing Address:

100 ARBORETUM DRIVE
SUITE 100
PORTSMOUTH, NH 03801 US

FEI Number: 41-2029885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER
Name FORTE, PAUL
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

Title MANAGER
Name HILL, KEVIN
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

Title MANAGER
Name BHANJI, ZAHIR
Address 200 BLOOR STREET E
City-State-Zip: TORONTO ONTARIO M4W 1E5

Title MANAGER
Name ROBERTS, SUSAN
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

Title MANAGER
Name TINGLE, BROOKS
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

Title AUTHORIZED REPRESENTATIVE
Name LEMAI, CHERYL
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

Title MEMBER
Name JOHN HANCOCK LIFE & HEALTH
 INSURANCE CO.
Address 100 ARBORETUM DRIVE
 SUITE 100
City-State-Zip: PORTSMOUTH NH 03801

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL LEMAI

**AUTHORIZED
REPRESENTATIVE**

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date