

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000002648

Entity Name: LONG TERM CARE PARTNERS, LLC**Current Principal Place of Business:**100 ARBORETUM DRIVE
PORTSMOUTH, NH 03801**Current Mailing Address:**100 ARBORETUM DRIVE
PORTSMOUTH, NH 03801**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	MGR
Name	FORTE, PAUL
Address	100 ARBORETUM DRIVE
City-State-Zip:	PORTSMOUTH NH 03801

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

Title	MGR
Name	WILLIAM, BALL
Address	200 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	MGR
Name	TETA, ANTHONY
Address	601 CONGRESS STREET
City-State-Zip:	BOSTON MA 02210

Title	MGR
Name	TINGLE, BROOKS
Address	197 CLARENDON STREET
City-State-Zip:	BOSTON MA 02117

Title	AUTHORIZED SIGNER
Name	D'AMICO, CARMELA
Address	601 CONGRESS STREET
City-State-Zip:	BOSTON MA 02210

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: CARMELA D'AMICO**AUTHORIZED SIGNER****04/23/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date