

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400002648

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 DOUGHTY, MICHAEL
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02117

Title MGR
Name TETA, ANTHONY
Address 200 BERKELEY STREET
City-State-Zip: BOSTON MA 02117

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

Title ASSISTANT SECRETARY
Name GUGLIOTTI, JENNIFER
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: JENNIFER GUGLIOTTI

ASSISTANT SECRETARY 01/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date