

AMENDING 1998 ANNUAL REPORT

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended OK

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PROFIT, CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JUL 24 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **557941**
1. Corporation Name

University Park Convalescent Center, Inc.

Principal Place of Business 11731 N. 15th Street Tampa, FL 33612	Mailing Address P.O. Box 82642 Tampa, FL 33682-2642
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/24/78	
2. Principal Place of Business 21 300 Esplanade Drive Suite, Apt. #, etc. 22 1860 City & State 23 Oxnard CA Zip 24 93030 Country 25 USA	2a. Mailing Address 26 300 Esplanade Drive Suite, Apt. #, etc. 27 1860 City & State 28 Oxnard CA Zip 29 93030 Country 30 USA
4. FEI Number 59-1871973 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Homer E. Ward
18301 Crawley Rd
Odessa, FL 33556 USA

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street
83
84 City Tallahassee, FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

By: **K. A. Wibley, Assistant Secretary**
SIGNATURE

DATE
July 21, 1998

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President <input checked="" type="checkbox"/> DELETE	NAME Imogene D. Ward	1.1 TITLE Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Andre C. Dimitriadis
STREET ADDRESS 18301 Crawley RD	CITY-ST-ZIP Odessa, FL 33556	1.3 STREET ADDRESS 300 Esplanade DR, Suite 1860	1.4 CITY-ST-ZIP Oxnard, CA 93030
TITLE Secretary <input checked="" type="checkbox"/> DELETE	NAME Homer E. Ward	2.1 TITLE President, Treasurer + Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME James J. Pieczynski
STREET ADDRESS 18301 Crawley RD	CITY-ST-ZIP Odessa, FL 33556	2.3 STREET ADDRESS 300 Esplanade DR., Suite 1860	2.4 CITY-ST-ZIP Oxnard, CA 93030
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	3.1 TITLE Senior Vice President, Chief Investment Officer + Assistant Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Christopher T. Ishikawa
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	3.3 STREET ADDRESS 300 Esplanade DR, Suite 1860	3.4 CITY-ST-ZIP Oxnard, CA 93030
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	4.1 TITLE Senior Vice President + General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Pamela J. Privett
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	4.3 STREET ADDRESS 300 Esplanade DR., Suite 1860	4.4 CITY-ST-ZIP Oxnard, CA 93030
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	5.1 TITLE Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Raad K. Shawaf
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	5.3 STREET ADDRESS 300 Esplanade DR., Suite 1860	5.4 CITY-ST-ZIP Oxnard, CA 93030
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

600002597516-4



ACCOUNT NO. : 072100000032

REFERENCE : 899273 5025229

AUTHORIZATION :

COST LIMIT : \$ 61.25

Minia Pizito

ORDER DATE : July 21, 1998

ORDER TIME : 3:37 PM

ORDER NO. : 899273

CUSTOMER NO: 5025229

CUSTOMER: Ms. Shirley E. Downing
LTC Properties, Inc.
300 Esplanade Drive
Ste. 1865
Oxnard, CA 93030

ANNUAL REPORT FILING

NAME: UNIVERSITY PARK CONVALESCENT
CENTER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Karen B. Rozar

98 JUL 24 AM 9:57
DIVISION OF OCCUPATION