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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854291** **(2)**

1. Corporation Name

AMERICAN LONG TERM CARE SUPPLY COMPANY, INC.

Principal Place of Business

525 NO EMERALD RD
GREENWOOD SC 29646
US

Mailing Address

PO BOX 3288
GREENWOOD SC 29648
US

3. Date Incorporated or Qualified: **10/06/1982**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **57-0727098** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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.

SIGNATURE

Signature of new registered agent (if changing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☑ DELETE	11 TITLE	P. ☑ Change ☐ Addition
NAME	SIGETY, CHARLES E.		12 NAME	L. DENNIS KOZLOWSKI
STREET ADDRESS	7155 OLD EASTON RD		13 STREET ADDRESS	15 HAMPSHIRE STREET
CITY-ST-ZIP	PIPERSVILLE PA		14 CITY ST ZIP	MANSFIELD MA 02048
TITLE	PCO	☑ DELETE	21 TITLE	V.P. ☑ Change ☐ Addition
NAME	SIGETY, C. BIRGE		22 NAME	MARK H. SWARTZ
STREET ADDRESS	109 LANIER WOOD DR		23 STREET ADDRESS	15 HAMPSHIRE STREET
CITY-ST-ZIP	GREENWOOD, S. C.		24 CITY ST ZIP	MANSFIELD MA 02048
TITLE	D	☑ DELETE	31 TITLE	T. ☑ Change ☐ Addition
NAME	SIGETY, KATHARINE S.		32 NAME	BARBARA S. MILLER
STREET ADDRESS	7155 OLD EASTON RD		33 STREET ADDRESS	[illegible]
CITY-ST-ZIP	PIPERSVILLE PA		34 CITY ST ZIP	[illegible]
TITLE	V	☑ DELETE	41 TITLE	S. ☑ Change ☐ Addition
NAME	FOLTZ, J. LEE		42 NAME	M. BRIAN MOROZE
STREET ADDRESS	102 GLENRIDGE CR.		43 STREET ADDRESS	15 HAMPSHIRE STREET
CITY-ST-ZIP	GREENWOOD, SC.		44 CITY ST ZIP	MANSFIELD MA 02048
TITLE	VO	☑ DELETE	51 TITLE	D. ☑ Change ☐ Addition
NAME	SEASE, JAMES W.		52 NAME	IRVING GUTIN
STREET ADDRESS	111 RUTLEDGE RD.		53 STREET ADDRESS	15 HAMPSHIRE STREET
CITY-ST-ZIP	GREENWOOD, SC.		54 CITY ST ZIP	MANSFIELD MA 02048
TITLE	D	☑ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SIGETY, CORNELIUS E.		62 NAME	
STREET ADDRESS	1760 3RD AVE 4TH FLOOR		63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: Michael S. Andersen / Michael S. Andersen 3/22/96 803/223-4281
X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #