

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005855

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** NEW YORK LONG TERM CARE BROKERS, LTD. INC.

**Current Principal Place of Business:**

11 EXECUTIVE PARK DRIVE  
CLIFTON PARK, NY 12065

**New Principal Place of Business:**

**Current Mailing Address:**

11 EXECUTIVE PARK DRIVE  
CLIFTON PARK, NY 12065

**New Mailing Address:**

**FEI Number:** 14-1764648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, DANIEL J  
2180 IMMOKLEE RD., SUITE 209  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOHNSON, KEVIN J  
**Address:** 11 EXECUTIVE PARK DRIVE  
**City-St-Zip:** CLIFTON PARK, NY 12065

**Title:** COOD  
**Name:** KELLY, PETER J  
**Address:** 11 EXECUTIVE PARK DRIVE  
**City-St-Zip:** CLIFTON PARK, NY 12065

**Title:** VP  
**Name:** CLAIR, GARY  
**Address:** 11 EXECUTIVE PARK DRIVE  
**City-St-Zip:** CLIFTON PARK, NY 12065

**Title:** TCFO  
**Name:** O'CONNOR, JILL  
**Address:** 11 EXECUTIVE PARK DRIVE  
**City-St-Zip:** CLIFTON PARK, NY 12065

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 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER J KELLY

COOD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date