

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004841

FILED  
Jun 22, 2009  
Secretary of State

**Entity Name:** INSTITUTE FOR LONG TERM CARE STUDIES, INC.

**Current Principal Place of Business:**

2979 PGA BLVD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2979 PGA BLVD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 26-3530581      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: STEIER, III, E. JOSEPH  
Address: 2979 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: HARRISON, JOHN  
Address: 2979 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete  
Name: ADAMS, SANDRA L  
Address: 2979 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. ADAMS

S

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date