

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 11 1996 8:00 am
Secretary of State

DOCUMENT # F93000001392 (0)

1. Corporation Name

THE LONG TERM CARE FOUNDATION, INC.



Principal Place of Business

C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414

Mailing Address

C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
52-1677439

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSEN, MICHAEL P	
STREET ADDRESS	9758 CHESTERMELD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHIES, STEVEN E	
STREET ADDRESS	9899 AVOCET STREET	
CITY-ST-ZIP	COON RAPIDS MN 55433	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCNEILL, DOUGLAS W	
STREET ADDRESS	105 MCKNIGHT DRIVE	
CITY-ST-ZIP	MIDDLETOWN OH 45044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, WILLIAM F JR.	
STREET ADDRESS	2217 PRINCESS ANNE STREET	
CITY-ST-ZIP	FREDRICKSBURG VA 22401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, JACK A	
STREET ADDRESS	VENICE HOSPITAL, 540 THE REALTO	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, PAUL S MD	
STREET ADDRESS	2221 UNIVERSITY AVENUE, S.E.	
CITY-ST-ZIP	MINNEAPOLIS MN 55414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

See attached list

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 1.15. (b)(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. McNeill, Secretary

Date

Daytime Phone

CR2E037 (12/95)

**THE LONG TERM CARE FOUNDATION
OFFICERS/DIRECTORS**

Michael P. Rosen (President, Director)
American Hospice Management
3030 Hartley Road, Suite 380
Jacksonville, FL 32257

Phone: 904-262-7443
Fax: 904-262-4804

Steven E. Chies (Treasurer, Director)
Administrator/Owner
Park River Estates Care Center
9899 Avocet Street
Coon Rapids, MN 55433

Phone: 612-757-2112
Fax: 612-757-6946

Douglas W. McNeill (Secretary, Director)
President and CEO
Middletown Regional Hospital
105 McKnight Drive
Middletown, Ohio 45044

Phone: 513-420-5700
Fax: 513-420-5657

Fred T. Brown, Jr. (Assistant Secretary/Director)
President
VHA Carolinas-Tennessee
8720 Red Oak Boulevard, Suite 505
Charlotte, NC 28217

Phone: 704-522-8056
Fax: 704-522-7912

Jeffrey B. Barber, Dr. P.H.
President/CEO
North Mississippi Health Services, Inc.
830 South Gloster Street
Tupelo, MS 38801

Phone: 601-841-3136
Fax: 601-841-3990

Felix Fraraccio (Director)
EVP Long Term Health Services
MWH MediCorp
2217 Princess Anne Street
Suite 105A
Fredericksburg, VA 22401

Phone: 703-899-3403
Fax: 703-899-6893

John A. Graham (Director) President and CEO Sherman Hospital ✓ 934 Center Street Elgin, IL 60120	Phone: 708-742-9800 Fax: 708-742-9627
Nancy E. Rehkamp HealthSpan Vice President ✓ HealthSpan Home Care and Hospice 2750 Arthur Street Roseville, MN 55113	Phone: 612-635-1300 Fax: 612-635-9074
James H. Rogers (Director) President Roper Hospital 316 Calhoun Street Charleston, SC 29401	Phone: 803-724-2915 Fax: 803-724-2995
Paul S. Sanders, MD (Director) CEO ✓ Minnesota Medical Association 3433 Broadway Street NE, Suite 300 Minneapolis, MN 55413	Phone: 612-378-1875 Fax: 612-378-3875
Garry J. Singleton (Director) Vice President Acute Care Operations Orlando Regional Healthcare System 1414 Kuhl Avenue Orlando, FL 32806-2093	Phone: 407-237-6315 Fax: 407-649-6845
Sherry M. Stanley, MD (Director) Senior Care ✓ Miami Valley Hospital 3797 Summit Glen Drive Dayton, OH 45449	Phone: 513-291-2273 Fax: 513-291-0463