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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # F93000001392 (0)**

1. Corporation Name

THE LONG TERM CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414C/O ROPER NURSING CENTER
2230 ASHLEY CROSSING DRIVE
CHARLESTON SC 29414-57003. Date Incorporated or Qualified
03/22/19933a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

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

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROSEN, MICHAEL P**
STREET ADDRESS **9758 CHESTERMELD DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE
NAME **CHIES, STEVEN E**
STREET ADDRESS **9899 AVOCET STREET**
CITY-ST-ZIP **COON RAPIDS MN 55433**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **MCNEILL, DOUGLAS W**
STREET ADDRESS **105 MCKNIGHT DRIVE**
CITY-ST-ZIP **MIDDLETOWN OH 45044**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **JACOBS, WILLIAM F JR.**
STREET ADDRESS **2217 PRINCESS ANNE STREET**
CITY-ST-ZIP **FREDRICKSBURG VA 22401**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **NORMAN, JACK A**
STREET ADDRESS **VENICE HOSPITAL, 540 THE REALTO**
CITY-ST-ZIP **VENICE FL 34285**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **SANDERS, PAUL S MD**
STREET ADDRESS **2221 UNIVERSITY AVENUE, S.E.**
CITY-ST-ZIP **MINNEAPOLIS MN 55414**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Date

Daytime Phone # **0075764**

CR2E037 (9/96)