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Feb 27, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000001392**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/22/1993**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**52-1677439**

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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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  
NAME ROSEN, MICHAEL P  
STREET ADDRESS 9758 CHESTERMELD DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

TITLE TD  
NAME CHIES, STEVEN E  
STREET ADDRESS 8800 AVOCET STREET  
CITY-ST-ZIP COON RAPIDS MN 55433

☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

TITLE SD  
NAME MCNEILL, DOUGLAS W  
STREET ADDRESS 105 MCKNIGHT DRIVE  
CITY-ST-ZIP MIDDLETOWN OH 45044

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME ROGERS, JAMES H.  
STREET ADDRESS 110 SOUTH UNION ST  
CITY-ST-ZIP ALEXANDRIA VA 22314

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ASD  
NAME BROWN, FRED T. J  
STREET ADDRESS 1900 RANDOLPH RD, SUITE 610  
CITY-ST-ZIP CHARLOTTE NC 28207

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME SANDERS, PAUL S MD  
STREET ADDRESS 2221 UNIVERSITY AVENUE, S.E.  
CITY-ST-ZIP MINNEAPOLIS MN 55414

☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 3433 Broadway St., NE, Suite 300  
6.4 CITY-ST-ZIP 55413

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)