2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90599 012 ****61.25

DOCUMENT # F93000001392

1. Entity Name

THE LONG TERM CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1995 E. RUM RIVER DR. S. CAMBRIDGE MN 55008	1995 E. RUM RIVER DR. S. CAMBRIDGE MN 55008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1677439 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
				☒ Change	☐ Addition
TITLE	PD	☐ Delete	TITLE	PD	
NAME	ROSEN, MICHAEL P		NAME	Rosen, Michael P	
STREET ADDRESS	2970 HARTLEY RD STE 301		STREET ADDRESS	164 South Mountain Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP	Montclair, NJ 07042	
				☒ Change	☐ Addition
TITLE	TD	☐ Delete	TITLE	TD	
NAME	CHIES, STEVEN E		NAME	Chies, Steven E	
STREET ADDRESS	9920 ZILLA ST		STREET ADDRESS	1995 E Rum River Drive S	
CITY-ST-ZIP	COON RAPIDS MN 55433		CITY-ST-ZIP	Cambridge, MN 55008	
				☐ Change	☒ Addition
TITLE	SD	☐ Delete	TITLE	D	
NAME	MCNEILL, DOUGLAS W		NAME	Fraraccio, Felix	
STREET ADDRESS	105 MCKNIGHT DRIVE		STREET ADDRESS	1001 Sam Perry Boulevard	
CITY-ST-ZIP	MIDDLETOWN OH 45044		CITY-ST-ZIP	Fredericksburg, VA 22401-3354	
				☐ Change	☒ Addition
TITLE	D	☐ Delete	TITLE	D	
NAME	ROGERS, JAMES H.		NAME	Rehkamp, Nancy E.	
STREET ADDRESS	110 SOUTH UNION ST		STREET ADDRESS	402 North Main Street, Suite 350	
CITY-ST-ZIP	ALEXANDRIA VA 22314		CITY-ST-ZIP	Stillwater, MN 55082	
				☒ Change	☐ Addition
TITLE	ASD	☐ Delete	TITLE	D	
NAME	BROWN, FRED T. J		NAME	Rogers, James H.	
STREET ADDRESS	1900 RANDOLPH RD, SUITE 610		STREET ADDRESS	3500 Westgate Drive # 603	
CITY-ST-ZIP	CHARLOTTE NC 28207		CITY-ST-ZIP	Durham, NC 27707	
				☐ Change	☒ Addition
TITLE	D	☐ Delete	TITLE	D	
NAME	SANDERS, PAUL S MD		NAME	Wheaton, Sherry M.	
STREET ADDRESS	3433 BROADWAY ST. NE STE 300		STREET ADDRESS	3797 Summit Glen Drive	
CITY-ST-ZIP	MINNEAPOLIS MN 55414		CITY-ST-ZIP	Dayton, OH 45449	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven E. Chies 1-5-01 263 689 1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #