

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000002666 (6)**

1. Corporation Name  
**LONG TERM PREFERRED CARE, INC.**



Principal Place of Business: **200 POWELL PLACE BRENTWOOD TN 37027**  
Mailing Address: **200 POWELL PLACE BRENTWOOD TN 37027**

3. Date Incorporated or Qualified: **06/09/1993**  
3a. Date of Last Report: **04/17/1995**  
4. FEI Number: **62-1455251**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 may be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. 30.

**9. Name and Address of Current Registered Agent**

**NIKEL, ROGER  
21749 MOUNTAIN SUGAR RD  
BOCA RATON FL 33433**

**10. Name and Address of New Registered Agent**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THURMAN, GREGORY A</b>	
STREET ADDRESS	<b>200 POWELL PLACE</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KEITH, KENNETH L</b>	
STREET ADDRESS	<b>200 POWELL PLACE</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>Gary L. Pierce</b>
33. STREET ADDRESS	<b>4428 Pratt Lane</b>
34. CITY-ST-ZIP	<b>Franklin, TN 37064</b>
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attached sheet with an address.

SIGNATURE: *Gary L. Pierce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 615 371-2400  
Date Date/Phone #

CR2E034 (12/95)