

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90026 031 ***150.00

DOCUMENT # F93000002666

1. Entity Name
LONG TERM PREFERRED CARE, INC.

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

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

φ
6 SYLVAN WAY
Parsippany NJ
07054 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1455251** 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

NIKEL, ROGER
21749 MOUNTAIN SUGAR RD
BOCA RATON FL 33433

Name **CT Corporation**
 Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Rd
 City **Plantation FL** Zip Code **33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete PIERCE, GARY L 4428 PRATT LANE FRANKLIN TN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CROOK, DAVE 200 POWELL PLACE BRENTWOOD TN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Terry A. Johnson 200 Powell Pl Brentwood TN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCOTT WILLEY 707 Summer St Stamford CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, Asst Sec. <input type="checkbox"/> Delete ERIC J BOCK 6 SYLVAN WAY Parsippany NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Chidsey 707 Summer St Stamford CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3/1/01 973 496 7263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)