

\$150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -2 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002666**  
1. Entity Name  
**Long Term Preferred Care, Inc.**

**500005509265--9**  
-05/14/02--01053--005  
\*\*\*1650.00 \*\*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business <b>200 Powell Place</b> Suite, Apt. #, etc. <b>Financial Plaza</b>		3. Mailing Address <b>1 Campus Drive</b> Suite, Apt. #, etc. <b>c/o Candant-Legal Dept.</b>	
City & State <b>Brentwood, TN</b>		City & State <b>Parsippany, NJ 07054</b>	
Zip <b>37027</b>	Country <b>USA</b>	Zip <b>07054</b>	Country <b>USA</b>

4. FEI Number <b>62-1455251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <b>CT Corporation</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 Pine Island Road</b>	
City <b>Plantation</b>	FL Zip Code <b>33324</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <b>D</b>	NAME <b>Christopher Annese</b>	TITLE	
STREET ADDRESS <b>1 Campus Drive</b>	CITY-ST-ZIP <b>Parsippany, NJ 07054</b>	STREET ADDRESS	
TITLE <b>D</b>	NAME <b>John W. Chidsey</b>	TITLE	
STREET ADDRESS <b>6 Sylvan Way</b>	CITY-ST-ZIP <b>Parsippany, NJ 07054</b>	STREET ADDRESS	
TITLE <b>CEO</b>	NAME <b>Daniel Tarantin</b>	TITLE	
STREET ADDRESS <b>200 Powell Place/Financial Plz</b>	CITY-ST-ZIP <b>Brentwood, TN 37027</b>	STREET ADDRESS	
TITLE <b>P</b>	NAME <b>Robert Forman</b>	TITLE	
STREET ADDRESS <b>200 Powell Place/Financial Plz</b>	CITY-ST-ZIP <b>Brentwood, TN 37027</b>	STREET ADDRESS	
TITLE <b>EVP/T</b>	NAME <b>Duncan H. Cocroft</b>	TITLE	
STREET ADDRESS <b>1 Campus Drive</b>	CITY-ST-ZIP <b>Parsippany, NJ 07054</b>	STREET ADDRESS	
TITLE <b>VP</b>	NAME <b>Joseph Huber</b>	TITLE	
STREET ADDRESS <b>1 Campus Drive</b>	CITY-ST-ZIP <b>Parsippany, NJ 07054</b>	STREET ADDRESS	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber **Joseph Huber, VP-Tax** **4/30** **973-496-2633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)