

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 037 ***150.00

DOCUMENT # F93000002666

1. Entity Name

LONG TERM PREFERRED CARE, INC.



Principal Place of Business

400 DUKE DR
FRANKLIN TN 37067

Mailing Address

1 CAMPUS DRIVE
C/O CEMDANT - LEGAL DEPT
PARSIPPANY NJ 07054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

NTU73000



MOORE CR2E034 (11/03)

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

CT CORPORATION
1200 PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	KELLEY, DAVID	7 SYLVAN WAY	PARSIPPANY NJ 07054	<input checked="" type="checkbox"/>
D	KATZ, SAMUEL L	9 W. 57TH STREET 37TH FLOOR	NEW YORK NY 10019	<input type="checkbox"/>
PCEO	TARANTIN, DANIEL	200 POWELL PLACE/FINANCIAL PLZ	BRENTWOOD TN 37027	<input type="checkbox"/>
EVT	COCROFT, DUNCAN H	1 CAMPUS DR	PARSIPPANY NJ 07054	<input checked="" type="checkbox"/>
V	HUBER, JOSEPH	1 CAMPUS DR	PARSIPPANY NJ 07054	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Thomas P. Christopoul	1 Campus Drive	ParsIPPany NJ 07054	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Off and Treasurer	David B. Wyshner	1 Campus Drive	ParsIPPany NJ 07054	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:

Joseph Huber

Joseph Huber

4-20-04

(973)496-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #