

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002666

FILED
Apr 18, 2005
Secretary of State

Entity Name: LONG TERM PREFERRED CARE, INC.

Current Principal Place of Business:

400 DUKE DR
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

CENDANT CORPORATE US
P.O. BOX 981337
EL PASO, TX 79998 US

FEI Number: 62-1455251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRITOPUL, THOMAS D
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: KATZ, SAMUEL L
Address: 9 W. 57TH STREET 37TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: PCEO () Delete
Name: TARANTIN, DANIEL
Address: 200 POWELL PLACE/FINANCIAL PLZ
City-St-Zip: BRENTWOOD, TN 37027

Title: EVPT () Delete
Name: WYSHNER, DAVID B
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: V () Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO (X) Change () Addition
Name: LIPMAN, NATHANIEL J
Address: 100 CONNECTICUT AVENUE
City-St-Zip: NORWALK, CT 06850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: S-VP () Change (X) Addition
Name: NEWMAN, DAVID
Address: 400 DUKE DRIVE
City-St-Zip: FRANKLIN, TN 37067

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. HUBER

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date