


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90016 021 ***150.00

DOCUMENT # F93000002666 1. Entity Name LONG TERM PREFERRED CARE, INC.	
---	---

Principal Place of Business 400 DUKE DR FRANKLIN, TN 37067 US	Mailing Address 400 DUKE DRIVE FRANKLIN, TN 37067 US
---	--

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1455251	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	D NATHANIEL, LIPMAN J 100 CONNECTICUT AVENUE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, ROBERT 100 CONNECTICUT AVENUE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LIPMAN, NATHANIEL J 100 CONNECTICUT AVENUE NORWALK, CT 06850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, DAVID W Douglas E. Smith 400 DUKE DRIVE FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SOUTHARD, KIMBERLY B 400 DUKE DRIVE FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/31/08 615)764-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #