

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002666

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** LONG TERM PREFERRED CARE, INC.

**Current Principal Place of Business:**

400 DUKE DR  
FRANKLIN, TN 37067 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 DUKE DRIVE  
FRANKLIN, TN 37067 US

**New Mailing Address:**

FEI Number: 62-1455251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NATHANIEL, LIPMAN J  
Address: 6 HIGH RIDE G PARK  
City-St-Zip: STAMFORD, CT 06905 US

Title: VP  
Name: SMITH, DOUGLAS E  
Address: 400 DUKE DRIVE  
City-St-Zip: FRANKLIN, TN 37067 US

Title: SEC  
Name: KIMBERELY, SOUTHARD  
Address: 400 DUKE DRIVE  
City-St-Zip: FRANKIN, TN 37067

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS EDWARD SMITH

VP

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date