

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90109 010 ***150.00

0118260 AT

DOCUMENT # **F93000002666**

1. Entity Name
LONG TERM PREFERRED CARE, INC.



Principal Place of Business
**200 POWELL PLACE
FINANCIAL PLAZA
BRENTWOOD TN 37027**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1455251**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
1200 PINE ISLAND RD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANNESE, CHRISTOPHER	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHIDSEY, JOHN W	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	TARANTIN, DANIEL	
STREET ADDRESS	200 POWELL PLACE/FINANCIAL PLZ	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, ROBERT	
STREET ADDRESS	200 POWELL PLACE/FINANCIAL PLZ	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVT	<input type="checkbox"/> Delete
NAME	COCROFT, DUNCAN H	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBER, JOSEPH	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Kelley	
STREET ADDRESS	7 Sylvan Way	
CITY-ST-ZIP	Parsippany NJ 07054	
TITLE	Samuel L. Katz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	9 W. 57th Street, 37th Fl	
CITY-ST-ZIP	New York NY 10019	
TITLE	President and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SENIOR OFFICER REQUIRED**

7/11/03

83-496-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment#

Legal

80139591
F93600002666



August 7, 2003

VIA OVERNIGHT MAIL

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
Attention: Annual Report Section

Dear Sir or Madam:

Please be advised that a package was mailed from Cendant Corporation on April 29, 2003 containing Uniform Business Reports for the following subsidiaries:

Century 21 Real Estate Corporation;
ERA General Agency Corporation;
Long Term Preferred Care, Inc.; and
Progeny Marketing Innovations Inc. (formerly known as Benefit Consultants, Inc.)

Evidently, the package was lost somehow because none of these reports have shown up as filed on Florida's website. I am therefore, enclosing new original reports together with a check for each of \$150. Pursuant to my conversation with one of your representatives, I am requesting that you waive the late fee for each of these filings (see attached copy of delivery confirmation from Airborne that package was signed for by G. Smith). If the previous package turns up, please do not cash the checks since full payment is being provided again with this letter.

Please call me at 973-496-2633 if you have any questions.

Sincerely,


Karen A. Curry
Senior Corporate Paralegal

Enclosures

