


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006039 (9)**

1. Corporation Name

DEACONESS LONG TERM CARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**911 STRAIGHT ST.
CINCINNATI OH 45219**

**311 STRAIGHT ST.
CINCINNATI OH 45219**

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

31-1476052

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 279 N. Lecanto Hwy.	26 330 Straight Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Suite 401
City & State	City & State
23 Lecanto, Florida	28 Cincinnati, Ohio
Zip	Zip
24 34461	29 45219
Country	Country
25 USA	30 USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, E. ANTHONY	1.2 NAME	
STREET ADDRESS	311 STRAIGHT ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45219	1.4 CITY - ST - ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTSCHNER, ANDREW T	2.2 NAME	
STREET ADDRESS	311 STRAIGHT ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45219	2.4 CITY - ST - ZIP	
TITLE	TP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ALBERT L	3.2 NAME	
STREET ADDRESS	311 STRAIGHT ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45219	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANBORN, RONALD L	4.2 NAME	
STREET ADDRESS	311 STRAIGHT STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald L. Sanborn

3/27/98 513-559-2522

CR2E037 (10/97)