

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006039

1. Entity Name

DEACONESS LONG TERM CARE OF FLORIDA, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90007 038 ****61.25

Principal Place of Business

279 N LECANTO HWY
 LECANTO FL 34461
 US

Mailing Address

330 STRAIGHT STRET
 SUITE 401
 CINCINNATI OH 45219
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 198027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Cincinnati, OH

4. FEI Number

31-1476052

Applied For

Not Applicable

Zip

Country

Zip

Country

45219-8027

Hamilton

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE TC
 NAME WOODS, E. ANTHONY ☐ Delete
 STREET ADDRESS 311 STRAIGHT ST.
 CITY-ST-ZIP CINCINNATI OH 45219

TITLE TS
 NAME BOTSCHNER, ANDREW T ☐ Delete
 STREET ADDRESS 311 STRAIGHT ST.
 CITY-ST-ZIP CINCINNATI OH 45219

TITLE S ☒ Delete
 NAME SANBORN, RONALD L
 STREET ADDRESS 311 STRAIGHT STREET
 CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chief Operating Officer ☐ Change ☒ Addition
 NAME Allen, William G. Jr.
 STREET ADDRESS P.O. Box 198027
 CITY-ST-ZIP Cincinnati, OH 45219-8027

TITLE Chief Financial Officer ☐ Change ☒ Addition
 NAME David A. Eppers, CPA
 STREET ADDRESS P.O. Box 198027
 CITY-ST-ZIP Cincinnati, OH 45219-8027

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)