


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90389 045 \*\*\*\*70.00

**DOCUMENT # F96000006039**

1. Entity Name  
**DEACONESS LONG TERM CARE OF FLORIDA, INC.**



Principal Place of Business  
**279 N LECANTO HWY  
 LECANTO, FL 34461 US**

Mailing Address  
**PO BOX 198027  
 CINCINNATI, OH 45219-8027 US**



2. Principal Place of Business  
**440 Lafayette Ave,  
 Suite, Apt. #, etc.  
 Suite 400**

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State  
**Cincinnati OH**

City & State

4. FEI Number  
**31-1476052**

Applied For  
 Not Applicable

Zip  
**45220**

Country  
**USA**

Zip  
 Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TC	<input type="checkbox"/> Delete
NAME	WOODS, E. ANTHONY	
STREET ADDRESS	311 STRAIGHT ST.	
CITY-ST-ZIP	CINCINNATI, OH 45219	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, WILLIAM G JR	
STREET ADDRESS	PO BOX 198027	
CITY-ST-ZIP	CINCINNATI, OH 452198027	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MOROIS, WILLIAM E	
STREET ADDRESS	PO BOX 198027	
CITY-ST-ZIP	CINCINNATI, OH 452198027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Baypach	
STREET ADDRESS	PO Box 198027	
CITY-ST-ZIP	CINCINNATI, OH 45219-8027	
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		
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 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: Kenneth Baypach 4/26/04 (513) 487-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #