


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90187 035 \*\*\*\*70.00

<b>DOCUMENT # F96000006039</b> 1. Entity Name DEACONESS LONG TERM CARE OF FLORIDA, INC.					
Principal Place of Business 440 LAFAYETTE AVE STE 400 CINCINNATI, OH 45220 US			Mailing Address PO BOX 198027 CINCINNATI, OH 45219-8027 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>31-1476052</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TC		TITLE		
NAME	WOODS, E. ANTHONY <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	311 STRAIGHT ST.		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45219		CITY-ST-ZIP		
TITLE	CFO <input checked="" type="checkbox"/> Delete		TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORIS, WILLIAM E		NAME	CARLA Brooks	
STREET ADDRESS	PO BOX 198027		STREET ADDRESS	440 LAFAYETTE AVE.	
CITY-ST-ZIP	CINCINNATI, OH 452198027		CITY-ST-ZIP	CINCINNATI, OH 45220	
TITLE	COO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUPACH, KENNETH		NAME		
STREET ADDRESS	PO BOX 198027		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45219		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(j), 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.					
<b>SIGNATURE:</b> <u>Carla Brooks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/25/05</u> <small>Date</small>		
			<small>Daytime Phone #</small>		