2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # F9600006039 1. Enlity Name DEACONESS LONG TERM CARE OF FLORIDA, INC.								C	94-28-2006 9	90210	047 ****7(0.00
Principal Place of Business 440 LAFAYETTE AVE STE 400 CINCINNATI, OH 45220 US Mailing Address PO BOX 19802 CINCINNATI, OH CINCINNATI, OH					9-8027	US						IAN EI ITN
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04172006 C	hg-NP	CR2E	037 (11/05)	
City & State			City & State					04 4470050			oplied For ot Applicable	
Zip	Country		Zip		Cou	Country		5. Certificate of S		X	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and Ad	dress of New R	egistered	d Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street A	ddress (P.O. Box Number is	Not Acceptable)		
						City				F	L Zip Cod	0
	named entitions of regis	y submits this statement for tered agent.	or the purp	ose of changing its	registere	ed office or	register	red agent, or both, in	the State of Flo	orida. I ar	n familiar with,	and accept
SIGNATURE	Signature, types	d or printed name of registered agent	t and title if app	Noticeble. (NOTI	E: Registere	d Agent signati	ura required	t when reinstating)		DATE	-	· · · · · · · · · · · · · · · · · · ·
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu								\$5.00 May Be Added to Fees			ck payable t	
	Due by r	May 1, 2000		nust i una c	ZOHUHDUL	iOI I.	_	Added to Fees		ida Dopi		
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