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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 # F96000006040 (7)

1. Corporation Name

DEACONESS LONG TERM CARE, INC.

Principal Place of Business

Mailing Address

**311 STRAIGHT ST.
CINCINNATI OH 45219**

**311 STRAIGHT ST.
CINCINNATI OH 45219**

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

31-1391195

Applied For

Not Applicable

2. Principal Place of Business

21 330 Straight Street

Suite, Apt. #, etc.

22 Suite 401

City & State

23 Cincinnati, Ohio

Zip

24 45219

Country

25 USA

2a. Mailing Address

26 330 Straight Street

Suite, Apt. #, etc.

27 Suite 401

City & State

28 Cincinnati, Ohio

Zip

29 45219

Country

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 ☐ DELETE

**TC
WOODS, E. ANTHONY
311 STRAIGHT ST.
CINCINNATI OH 45219**

TITLE ☐ DELETE

**TS
BOTSCHNER, ANDREW T
311 STRAIGHT ST.
CINCINNATI OH 45219**

TITLE ☐ DELETE

**TP
THOMAS, ALBERT L
311 STRAIGHT ST.
CINCINNATI OH 45219**

TITLE ☐ DELETE

**T
SANBORN, RONALD L
311 STRAIGHT ST
CINCINNATI OH**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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**

Ronald L. Sanborn

3/30/98

513-559-2522

CR2E037 (10/97)