

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006040

1. Entity Name

DEACONESS LONG TERM CARE, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90004 031 \*\*\*61.25

Principal Place of Business

330 STRAIGHT STREET  
 SUITE 410  
 CINCINNATI OH 45219  
 US

Mailing Address

330 STRAIGHT STREET  
 SUITE 401  
 CINCINNATI OH 45219  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 198027

Suite, Apt. #, etc.

City & State

City & State  
 Cincinnati, OH

4. FEI Number

31-1391195

Applied For

Not Applicable

Zip

Country

Zip

45219-8027

Country

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 ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☒ Delete

NAME T  
 SANBORN, RONALD L  
 STREET ADDRESS 311 STRAIGHT ST  
 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

Allen, William G. JR. ☐ Change ☒ Addition

NAME P.O. Box 198027  
 STREET ADDRESS Cincinnati, OH 45219-8027  
 CITY-ST-ZIP Chief Operating Officer

TITLE ☐ Change ☒ Addition

NAME Chief Financial Officer  
 STREET ADDRESS Eppers, David A.  
 CITY-ST-ZIP P.O. Box 198027  
 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)