

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91353 002 ****70.00

DOCUMENT # F96000006040

1. Entity Name

DEACONESS LONG TERM CARE, INC.

Principal Place of Business

Mailing Address

**330 STRAIGHT STREET
 SUITE 410
 CINCINNATI OH 45219
 US**

**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

4. FEI Number

31-1391195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COO** ☐ Delete
 NAME **ALLEN, WILLIAM G JR**
 STREET ADDRESS **PO BOX 198027**
 CITY-ST-ZIP **CINCINNATI OH 45219-8027**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO** ☒ Delete
 NAME **EPPERS, DAVID A**
 STREET ADDRESS **PO BOX 198027**
 CITY-ST-ZIP **CINCINNATI OH 45219-8027**

TITLE ☐ Change ☒ Addition
 NAME **CFO**
 STREET ADDRESS **maziorka, Robert**
 CITY-ST-ZIP **PO BOX 198027**
CINCINNATI OH 45219-8027

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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] 5-8-01 513 4873600

CR2E037 (10/00)