


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90210 048 \*\*\*\*70.00

<b>DOCUMENT # F96000006040</b>					
<b>1. Entity Name</b> DEACONESS LONG TERM CARE, INC.					
<b>Principal Place of Business</b> 440 LAFAYETTE AVE. STE. 400 CINCINNATI, OH 45220 US			<b>Mailing Address</b> PO BOX 198027 CINCINNATI, OH 45219-8027 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172006 Chg-NP CR2E037 (11/05)	
Zip		Country		<b>4. FEI Number</b> 31-1391195	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TC	<b>NAME</b> WOODS, E. ANTHONY		<b>TITLE</b> Chairman	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> 311 STRAIGHT ST.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>TITLE</b> COO	<b>NAME</b> RAUPACH, KENNETH		<b>TITLE</b> President & CEO	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> P.O. BOX 198027	<b>CITY-ST-ZIP</b> CINCINNATI, OH 452198027		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>TITLE</b> CFO	<b>NAME</b> BROOKS, CARLA		<b>TITLE</b> President & CEO	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> 440 LAFAYETTE AVENUE	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45220		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>TITLE</b> President & CEO	<b>NAME</b> Richard GANDERSMAN		<b>TITLE</b> Chairman	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>TITLE</b> Chairman	<b>NAME</b> Richard GANDERSMAN		<b>TITLE</b> President & CEO	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>TITLE</b> President & CEO	<b>NAME</b> Richard GANDERSMAN		<b>TITLE</b> Chairman	<b>NAME</b> Richard GANDERSMAN	
<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219		<b>STREET ADDRESS</b> 311 Straight St.	<b>CITY-ST-ZIP</b> CINCINNATI, OH 45219	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <u>Carla Brooks</u> <span style="float: right;">4/21/06</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					