2003 NOT-FOR-PROFIT CORPORATION

UNIFURM BUSINESS KEPUKI (UBK)							you ,	1			
DOCUMENT # F96000006040							F (LED			
1. Entity Name DEACONESS LONG TERM CARE, INC.						03 MAR 19 AM 9: 10					
DEACON	1235 LONG TERM CARE, I	NO.			13 mm 13 mm 9: 10						
				10.00	S. S.	, :	DECKETAR ALLAHASS	YOFK	ia.		
Principal Plac	ce of Business	Mailing Address	Address			1 ;	allahass	EE. Fi i	ARIDA		
330 STRAIGI SUITE 410	HT STREET	PO BOX 198027	BOX 198027 Icinnati, oh 45219-8027 us			İ		,	21/18/24		
CINCINNATI,	OH 45219 US	CINCINNAII, OF 43213	-0UZ1 (15							
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2. Principal I	Place of Business	3. Mailing Address	failing Address								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					-
											_
City & Sta	te .	City & State			4. FEI Number 31-1391195			Applied For Not Applicable			
Zip Country		Zip		Country		5. Certificate of 5			\$8.75 Ad		-
			<u> </u>			<u> </u>			Fee Require	жd	_
	6. Name and Address of Curren	t Registered Agent		Name		7. Name and Ad	dress of New F	legistered #	lgent		-
	ORATION SYSTEM		Street Address of			P.O. Box Number is	Not Assessed				4
	TH PINE ISLAND ROAD ON, FL 33324			Sileer Ad		P.O. BOX NUMBER IS	NOI ACCEPIADI	?) 		•	
				ļ				-	_		
				City				FL	Zip Cod	te	1
B. The above	named entity submits this statement	for the purpose of changing its	register	ed office or r	egister	ed agent, or both, i	n the State of Fig		amiliar with	, and accept	\dashv
	tions of registered agent.									,	
CICLIATION.											
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOT	E: Registere	d Agent Signature	e sequiped	when winstaking)		DATE			
						·					
	FILE NOW FEE IS \$61:25	9. Election Cal Trust Fund 6			3	\$5.00 May Be		ke Check			
	n a maintain in facilità despublica i ma agra describe	Huştrunu t	Contribut	on. L		Added to Fees	Florio	la Depart	ment of:	State	
10.	OFFICERS AND D	IRECTORS	11.		Α .	DDITIONS/CHANG	ES TO OFFICE	RS AND DIF	ECTORS IN	t 10	24
TITLE	TC	Delete	TILLE						Change	☐ Addition	(10/02)
NAME STREET ADDRESS	WOODS, E. ANTHONY 311 STRAIGHT ST.		NAM STRE	E Et address		901	0014 3 0301070	3797	209		
CITY-ST-ZIP	CINCINNATI, OH 45219		1	-ST-ZIP		03/19/1	01070)003	**70.	00	F037
TITLE	coo	☐ Delete	1010						Change	Addition	- 6
NAME STREET ADDRESS	ALLEN, WILLIAM G JR PO BOX 198027		NAM	E Et addréss							1
CITY-ST-ZP	CINCINNATI, OH 452198027		1	-ST-ZIP							
TITLE		☐ Delete	TOLE		CF	² O			☐ Change	Addition	1
NAME			NAMI	E	الأنيما	L'AM E. M BOX 198 NCINNAT	<i>Arois</i>			<i></i>	
STREET ADDRESS City-St-2ip			a a	ET ADDRESS -ST-ZIP	PO.	BOX 148	097	11 50.0			ļ
TITLE		Delete	1016	-37-211		NCINN AT	., Ott '	15719	Change	☐ Addition	-
NAME		G MA	NAM	1							
STREET ADDRESS				ET ADDRESS							
CITY-ST-2P				-ST-ZIP							-
title Name		Delete	TITLE NAME						() Change	Addition	
STREET ADDRESS		**	STRE	ET ADDRESS							
CITY-ST-ZP			слу.	-ST-ZIP		·					1
TITLE NAME		Delete	TITLE						Change	☐ Addition	
STREET ADDRESS			8	ET ADDRESS							
CITY-ST-ZIP	<u> </u>		CITY.	-51-21P				_			
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify for its true and accurate and that r	the exec	mption states	d in Sec	ction 119.07(3)(i), Fi	orida Statutes. I	further certi	ly that the in	nformation	1
of the cor changed	on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an aggress.	overed to execute this report	as refiuir	ed by Chapi	ler 517,	Florida Statutes; ar	nd that my name	appears in	Block 10 or	Block 11 if	
	2.5////	54/1	W								11
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED MANUE OF SIGNING OFFICER	OR DIRECT	OR		3-7-0	Claus	5/3	487.	-3600	1)
							~4 M		TUTHE PROOF #		

Controller