2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000003385

Entity Name: LONG TERM CARE GROUP, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 600	IRIE LAKES D IRIE, MN 553						
Current Mailing Address:				New Mailing Address:			
SUITE 600	IRIE LAKES D IRIE, MN 553	· · · · -					
FEI Number:	95-4604537	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US				DENISE, ADAMS D 2600 LAKE LUCIEN DRIVE SUITE 109 MAITLAND, FL 32751 US			
The above r in the State		ubmits this statement for the p	urpose o	f changing it	s registered of	fice or registered	agent, or both,
SIGNATURE: DENISE ADAMS				07/07/2008			
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	BAUDE, BRUCE	LAKES DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SJOBECK, JEF	LAKES DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GOLDSTEIN, PE	ENTAL BLVD. SUITE 310		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DULEY, TED S	ROAD SUITE 180		Title: Name: Address: City-St-Zip:	D (X) PIKE, CHRISTOI 75 STATE STRE BOSTON, MA 02	ET	
Title: Name: Address: City-St-Zip:	PENNY, TODD	LAKES DRIVE SUITE 600		Title: Name: Address: City-St-Zip:	D (X) ROBERT, TAYLO 75 STATE STRE BOSTON, MA 02	ET	
Title: Name: Address: City-St-Zip:	JANE, BRUE D	LAKES DRIVE, SUITE 600		Title: Name: Address: City-St-Zip:	MICHAEL, ASPIN	EET, 14TH FLOOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE K. BAUDE CEO 07/07/2008