2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003385

Entity Name: LONG TERM CARE GROUP, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
11000 PRAIRIE LAKES DRIVE SUITE 600 EDEN PRAIRIE, MN 55344						
Current Mailing Address:			New Maili	New Mailing Address:		
11000 PRAIRIE LAKES DRIVE SUITE 600 EDEN PRAIRIE, MN 55344						
FEI Number: 95-4604537 FEI Number Applied For ()		FEI Number Not Appl	icable () Co	ertificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
DENISE, ADAMS D 2600 LAKE LUCIEN DRIVE SUITE 109 MAITLAND, FL 32751 US						
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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () De BAUDE, BRUCE K 11000 PRAIRIE LA EDEN PRAIRIE, M	CEO AKES DRIVE, SUITE 600	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	CFO () De SJOBECK, JEFFE 11000 PRAIRIE LA EDEN PRAIRIE, M	RY J CFO AKES DRIVE, SUITE 600	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	PRES () De GOLDSTEIN, PETE 400 N. CONTINEN EL SEGUNDO, CA	ER M PRES TAL BLVD. SUITE 310	Title: Name: Address: City-St-Zip:	GOLDSTEIN, PETE	KES DRIVE, SUITE 600	
Title: Name: Address: City-St-Zip:	D () De PIKE, CHRISTOPH 75 STATE STREET BOSTON, MA 021	HER D F	Title: Name: Address: City-St-Zip:	KAY, PAUL A	nange () Addition IKES DRIVE, STE 600 N 55344	
Title: Name: Address: City-St-Zip:	D (X) DO ROBERT, TAYLOR 75 STATE STREET BOSTON, MA 021	R D T	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	D (X) De MICHAEL, ASPINV 100 PEARL STREE HARTFORD, CT 0	VALL D ET, 14TH FLOOR	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
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						

SIGNATURE: BRUCE K. BAUDE CEO 02/23/2009

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.