

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003385

FILED
Jan 27, 2012
Secretary of State

Entity Name: LONG TERM CARE GROUP, INC.

Current Principal Place of Business:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

11000 PRAIRIE LAKES DRIVE
SUITE 600
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 95-4604537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: BAUDE, BRUCE
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: CFOT
Name: SJOBECK, JEFFERY J
Address: 11000 PRAIRIE LAKES DRIVE, SUITE 600
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: PD
Name: GOLDSTEIN, PETER M
Address: 8601 N. SCOTTSDALE RD. SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

Title: SVPS
Name: COGGINS, EILEEN M
Address: 8601 N. SCOTTSDALE RD. SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

Title: GC
Name: COGGINS, EILEEN M
Address: 8601 N. SCOTTSDALE RD. SUITE 335
City-St-Zip: SCOTTSDALE, AZ 85253

I hereby 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 all other like empowered.

SIGNATURE: EILEEN M. COGGINS

SVP

01/27/2012

Electronic Signature of Signing Officer or Director

Date