

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90110 008 ***150.00

DOCUMENT # F98000001551

1. Corporation Name

LONG TERM CARE AFFILIATES, INC.

Principal Place of Business

460 BRIARWOOD DRIVE, STE 410
JACKSON MS 39211

Mailing Address

460 BRIARWOOD DRIVE, STE 410
JACKSON MS 39211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

64-0758574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PC

☐ DELETE

NAME

ARNOLD, BOBBY R

STREET ADDRESS

460 BRIARWOOD DRIVE, STE 410

CITY-ST-ZIP

JACKSON MS 39211

TITLE

D

☐ DELETE

NAME

BLACK, JOHN L

STREET ADDRESS

460 BRIARWOOD DRIVE, STE 410

CITY-ST-ZIP

JACKSON MS 39211

TITLE

V

☒ DELETE

NAME

WALDROP, MARK

STREET ADDRESS

460 BRIARWOOD DRIVE, STE 410

CITY-ST-ZIP

JACKSON MS 39211

TITLE

ST

☐ DELETE

NAME

DUNBAR, CHAUNCEY R

STREET ADDRESS

460 BRIARWOOD DRIVE, STE 410

CITY-ST-ZIP

JACKSON MS 39211

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chauncey R Dunbar Sec

Date

Daytime Phone #

4/23/99 601-956-1013

CR2E034 (1/98)