

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 07, 2001 8:00 am
Secretary of State**

08-07-2001 90005 013 ***550.00

DOCUMENT # F98000001551

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

64-0758574

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

☐ Delete**PC
ARNOLD, BOBBY R
460 BRIARWOOD DRIVE, STE 410
JACKSON MS 39211****D
BLACK, JOHN L
460 BRIARWOOD DRIVE, STE 410
JACKSON MS 39211****VP
DUKES, ANN T
460 BRIARWOOD DR. STE. 410
JACKSON MS 39206****ST
DUNBAR, CHAUNCEY R
460 BRIARWOOD DRIVE, STE 410
JACKSON MS 39211****NAME
STREET ADDRESS
CITY-ST-ZIP****NAME
STREET ADDRESS
CITY-ST-ZIP****NAME
STREET ADDRESS
CITY-ST-ZIP****NAME
STREET ADDRESS
CITY-ST-ZIP****NAME
STREET ADDRESS
CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
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CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAUNCEY R. DUNBAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUNBAR**8/01/01**

Date

601-956-1013

Daytime Phone

CR2E034 (5/01)