2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# F98000001551

Entity Name: LONG TERM CARE AFFILIATES, INC.

Current Principal Place of Business:

460 BRIARWOOD DRIVE, STE 410
JACKSON, MS 39211

New Principal Place of Business:

Current Mailing Address:

460 BRIARWOOD DRIVE, STE 410
JACKSON, MS 39211

New Mailing Address:

FEI Number: 64-0758574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: ARNOLD, BOBBY R
Address: 460 BRIARWOOD DRIVE, STE 410
City-St-Zip: JACKSON, MS 39211

Title: D ( ) Delete
Name: BLACK, JOHN L
Address: 460 BRIARWOOD DRIVE, STE 410
City-St-Zip: JACKSON, MS 39211

Title: VP ( ) Delete
Name: DUKES, ANN T
Address: 460 BRIARWOOD DR. STE. 410
City-St-Zip: JACKSON, MS 39206

Title: ST ( ) Delete
Name: DUNBAR, CHAUNCEY R
Address: 460 BRIARWOOD DRIVE, STE 410
City-St-Zip: JACKSON, MS 39211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BROWN, SUSAN
Address: 460 BRIARWOOD DR. STE. 410
City-St-Zip: JACKSON, MS 39206

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHAUNCEY R. DUNBAR ST 01/23/2004

Electronic Signature of Signing Officer or Director — Date