


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90131 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F98000002959		
1. Corporation Name LTC - TAMPA, INC.		



Principal Place of Business 300 ESPLANADE DR., STE. 1860 OXNARD CA 93030	Mailing Address 300 ESPLANADE DR., STE. 1860 OXNARD CA 93030
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1998	4. FEI Number 77-0488252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRIADIS, ANDRE C	1.2 NAME	
STREET ADDRESS	300 ESPLANADE DR., STE. 1860	1.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIECZYNSKI, JAMES J	2.2 NAME	
STREET ADDRESS	300 ESPLANADE DR., STE. 1860	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHIKAWA, CHRISTOPHER T	3.2 NAME	
STREET ADDRESS	300 ESPLANADE DR., STE. 1860	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DSV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, PAMELA J	4.2 NAME	
STREET ADDRESS	300 ESPLANADE DR., STE. 1860	4.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LOUISE C	5.2 NAME	
STREET ADDRESS	10329 EASTBORNE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWAF, RAAD K	6.2 NAME	
STREET ADDRESS	300 ESPLANADE DR., STE. 1860	6.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93030	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.99

Date

Daytime Phone #

CR2E034 (11/98)