

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90382 032 ***150.00

DOCUMENT # F98000002959

1. Entity Name
LTC - TAMPA, INC.



Principal Place of Business
22917 PACIFIC COAST HWY #350
MALIBU, CA 90265

Mailing Address
22917 PACIFIC COAST HWY #350
MALIBU, CA 90265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082005

Chg-P

CR2E034 (10/03)

4. FEI Number

77-0488252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCEO ☐ Delete
NAME DIMITRIADIS, ANDRE C
STREET ADDRESS 22917 PACIFIC COAST HWY #350
CITY-ST-ZIP MALIBU, CA 90265

TITLE SVTS ☐ Delete
NAME CHAVEZ, ALEX
STREET ADDRESS 22917 PACIFIC COAST HWY #350
CITY-ST-ZIP MALIBU, CA 90265

TITLE DCIO ☐ Delete
NAME ISHIKAWA, CHRISTOPHER T
STREET ADDRESS 22917 PACIFIC COAST HWY #350
CITY-ST-ZIP MALIBU, CA 90265

TITLE DCFO ☐ Delete
NAME SIMPSON, WENDY
STREET ADDRESS 22917 PACIFIC COAST HWY #350
CITY-ST-ZIP MALIBU, CA 90265

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **VPS**
STREET ADDRESS **SHELLEY-KESSLER, PAMELA**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VCIO**
STREET ADDRESS **MALIN, CLINT**
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. Shelley-Kessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/05 805-981-8455

Date

Daytime Phone #