

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002269**

1. Entity Name

CENTERS FOR LONG TERM CARE OF FLORIDA, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90053 013 ***150.00

Principal Place of Business

**300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030**

Mailing Address

**300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030**

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 **77-0511491**

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.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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 acceptable.

(NOTE: Registered Agent signature required when re-instating)

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PCEO ISHIKAWA, CHRISTOPHER T	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	300 ESPLANADE DRIVE, SUITE 1860 OXNARD CA 93030	
TITLE NAME	EVPD ANDERSON, GARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	2621 WEST AIRPORT FREEWAY., STE 220 IRVING TX 75062	
TITLE NAME	CFO ROWLEY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	2621 WEST AIRPORT FREEWAY., STE 220 IRVING TX 75062	
TITLE NAME	S KOPTA, JULIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	300 ESPLANADE DRIVE, SUITE 1860 OXNARD CA 93030	
TITLE NAME	VP HAWKINS, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	P.O. BOX 2511 LINDALE TX 75771	
TITLE NAME	D DIMITRIADIS, ANDRE C	<input type="checkbox"/> Delete
STREET ADDRESS CITY-STATE-ZIP	300 ESPLANADE DRIVE, SUITE 1860 OXNARD CA 93030	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA KOPTA
04/23/01
General Counsel and Corporate
Secretary**805-981-8655**
Daytime Phone #

CR2E034 (10/00)