

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90198 018 \*\*\*150.00

**DOCUMENT # F99000002269**

**1. Entity Name**  
**CENTERS FOR LONG TERM CARE OF FLORIDA, INC.**

**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**77-0511491**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEXIS DOCUMENT SERVICES, INC.**  
**3953 WW KELLEY ROAD**  
**TALLAHASSEE FL 32311**

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **ISHIKAWA, CHRISTOPHER T**  
**STREET ADDRESS** **300 ESPLANADE DRIVE, SUITE 1860**  
**CITY-ST-ZIP** **OXNARD CA 93030**

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

**TITLE** **CFO** ☒ Delete  
**NAME** **ROWLEY, ROBERT**  
**STREET ADDRESS** **2621 WEST AIRPORT FREEWAY., STE 220**  
**CITY-ST-ZIP** **IRVING TX 75062**

**TITLE** **CFO** ☐ Change ☒ Addition  
**NAME** **ANDREW KERR**  
**STREET ADDRESS** **2621 W. AIRPORT FWY STE 220**  
**CITY-ST-ZIP** **IRVING, TX 75062**

**TITLE** **SD** ☐ Delete  
**NAME** **KOPTA, JULIA**  
**STREET ADDRESS** **300 ESPLANADE DRIVE, SUITE 1860**  
**CITY-ST-ZIP** **OXNARD CA 93030**

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

**TITLE** **VP** ☐ Delete  
**NAME** **HAWKINS, JEFF**  
**STREET ADDRESS** **P.O. BOX 2511**  
**CITY-ST-ZIP** **LINDALE TX 75771**

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

**TITLE** **PCD** ☐ Delete  
**NAME** **DIMITRIADIS, ANDRE C**  
**STREET ADDRESS** **300 ESPLANADE DRIVE, SUITE 1860**  
**CITY-ST-ZIP** **OXNARD CA 93030**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**SIGNATURE REQUIRED JULIA KOPTA** **4/22/02** **805-981-8655**  
 Date Daytime Phone #

CR2E034 (9/01)