

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | PCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDREW KERR | |
| STREET ADDRESS | 2621 W. AIRPORT FWY STE 220 | |
| CITY-ST-ZIP | IRVING, TX 75062 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Julia Kopta* **SIGNATURE REQUIRED** **JULIA KOPTA** 4/22/02 805-981-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)