


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90003 038 \*\*\*150.00

**DOCUMENT # F99000002269**

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



Principal Place of Business  
**7610 STEMMONS FWY N  
 SUITE 500  
 DALLAS, TX 75247**

Mailing Address  
**7610 STEMMONS FWY N  
 SUITE 500  
 DALLAS, TX 75247**

**54064563**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

07152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**77-0511491**

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

Applied For  
 Not Applicable

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DIMITRIADIS, ANDRE C	
STREET ADDRESS	22917 PACIFIC COAST HWY., STE 350	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISHIKAWA, CHRISTOPHER T	
STREET ADDRESS	22917 PACIFIC COAST HWY., STE 350	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALAN, ZAMPINI	
STREET ADDRESS	7610 STEMMONS FWY N., STE 500	
CITY-ST-ZIP	DALLAS, TX 75247	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	ZAMPINI, ALAN	
STREET ADDRESS	7610 STEMMONS FWY N., STE 500	
CITY-ST-ZIP	DALLAS, TX 75247	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	KERR, ANDREW	
STREET ADDRESS	7610 STEMMONS FWY N., STE 500	
CITY-ST-ZIP	DALLAS, TX 75247	
TITLE	VGCS	<input checked="" type="checkbox"/> Delete
NAME	DAUGHERTY, KIMBERLY	
STREET ADDRESS	7610 STEMMONS FWY N., STE 500	
CITY-ST-ZIP	DALLAS, TX 75247	

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

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry R. Treber +	
STREET ADDRESS	7610 N Stemmons Fwy Ste 500	
CITY-ST-ZIP	Dallas TX 75247	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josh Treber +	
STREET ADDRESS	7610 N Stemmons Fwy Ste 500	
CITY-ST-ZIP	Dallas TX 75247	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Head	
STREET ADDRESS	7610 N Stemmons Fwy Ste 500	
CITY-ST-ZIP	Dallas TX 75247	
TITLE		<input 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		

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: Jeff Head **Jeff Head - Treasurer** 7/15/04 214-905-9033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #