

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-P

CR2E034 (10/03)

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

Jeff Head - Treasurer 7/15/04 214-905-9033

Date

Daytime Phone #