


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90200 009 ***150.00

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| DOCUMENT # F99000002269 1. Entity Name CENTERS FOR LONG TERM CARE OF FLORIDA, INC. |  |
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| Principal Place of Business 7610 STEMMONS FWY N SUITE 500 DALLAS, TX 75247 | Mailing Address 7610 STEMMONS FWY N SUITE 500 DALLAS, TX 75247 |
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| 2. Principal Place of Business 15100 Trinity Blvd Suite, Apt. #, etc. Suite 400 City & State Fort Worth, Texas Zip 76155 Country Tarrant | 3. Mailing Address 15100 Trinity Blvd Suite, Apt. #, etc. Suite 400 City & State Fort Worth, Texas Zip 76155 Country Tarrant |
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07052005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 77-0511491 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TREBERT, GARY R 7610 N STEMMONS FREEWAY STE 500 DALLAS, TX 75247 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Trebert, Gary R 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S TREBERT, JOSE 7610 N STEMMONS FREEWAY STE 500 DALLAS, TX 75247 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Trebert, Josh 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T HEAD, JEFF 7610 N STEMMONS FREEWAY STE 500 DALLAS, TX 75247 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Head, Jeff 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **GARY R TREBERT** 7/5/05 817 354 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #