


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90200 009 ***150.00

DOCUMENT # F99000002269

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



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business 3. Mailing Address

15100 Trinity Blvd **15100 Trinity Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 400 **Suite 400**

City & State City & State

Fort Worth, Texas **Fort Worth, Texas**

Zip Country Zip Country

76155 **Tarrant** **76155** **Tarrant**

07052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

77-0511491 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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	P	<input type="checkbox"/> Delete
NAME	TREBERT, GARY R	
STREET ADDRESS	7610 N STEMMONS FREEWAY STE 500	
CITY - ST - ZIP	DALLAS, TX 75247	
TITLE	S	<input type="checkbox"/> Delete
NAME	TREBERT, JOSE	
STREET ADDRESS	7610 N STEMMONS FREEWAY STE 500	
CITY - ST - ZIP	DALLAS, TX 75247	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEAD, JEFF	
STREET ADDRESS	7610 N STEMMONS FREEWAY STE 500	
CITY - ST - ZIP	DALLAS, TX 75247	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trebert, Gary R	
STREET ADDRESS	15100 Trinity Blvd, Ste 400	
CITY - ST - ZIP	Fort Worth, TX 76155	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trebert, Josh	
STREET ADDRESS	15100 Trinity Blvd, Ste 400	
CITY - ST - ZIP	Fort Worth, TX 76155	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Head, Jeff	
STREET ADDRESS	15100 Trinity Blvd, Ste 400	
CITY - ST - ZIP	Fort Worth, TX 76155	
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: _____ **GARY R TREBERT** **7/5/05** **817 354 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #