

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90080 035 ***550.00

0144351 AT

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **77-0511491**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Please See Attached

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 my address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/8/03** Daytime Phone # **24-905-9033**

CR2E034 (4/03)

AHachmet
90155765
~~Fa96000224~~

**CENTERS FOR LONG TERM CARE
OF FLORIDA, INC.**

a Nevada corporation

Directors and Officers

Name	Title	Address
Andre C. Dimitriadis	Chairman	22917 Pacific Coast Hwy., Suite 350 Malibu, CA 90265
Christopher T. Ishikawa	Director	22917 Pacific Coast Hwy., Suite 350 Malibu, CA 90265
Alan Zampini	Director	7610 Stemmons Fwy N., Suite 500 Dallas, TX 75247
Alan Zampini	President and Chief Executive Officer	7610 Stemmons Fwy N., Suite 500 Dallas, TX 75247
Andrew Kerr	Sr. Vice President and Chief Financial Officer	7610 Stemmons Fwy N., Suite 500 Dallas, TX 75247
Kimberly Daugherty	Sr. Vice President, General Counsel and Secretary	7610 Stemmons Fwy N., Suite 500 Dallas, TX 75247
Jeff Hawkins	Vice President-Compliance	P.O. Box 2511 Lindale, TX 75771