

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90198 019 \*\*\*150.00

**DOCUMENT # F99000004937**

1. Entity Name

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

Principal Place of Business

**300 ESPLANADE DRIVE, SUITE 1860  
 OXNARD CA 93030**

Mailing Address

**300 ESPLANADE DRIVE, SUITE 1860  
 OXNARD CA 93030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**77-0522935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENTS SERVICES  
 3953 W.W. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **ISHIKAWA, CHRISTOPHER T**  
 STREET ADDRESS **300 ESPLANADE DRIVE, SUITE 1860**  
 CITY-ST-ZIP **OXNARD CA 93030**

TITLE **PCED** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CFO** ☒ Delete  
 NAME **ROWLEY, ROBERT**  
 STREET ADDRESS **2621 WEST AIRPORT**