2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # F99000004937 1. Entity Name 05-19-2002 90198 019 ***150.00 CENTERS FOR LONG TERM CARE OF VENICE, INC. Principal Place of Business Mailing Address 300 ESPLANADE DRIVE. SUITE 1860 300 ESPLANADE DRIVE. SUITE 1860 OXNARD CA 93030 OXNARD CA 93030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 77-0522935 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENTS SERVICES Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCED ☐ Delete TITLE Change Addition NAME ISHIKAWA. CHRISTOPHER T NAME CR2E034 STREET ADDRESS STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP CFO ANDREW KERR 2631 W. AIRPORT FWY STE 220 19011AIG TX 75062 Delete TITLE Addition ROWLEY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2621 WEST AIRPORT FREEWAY., STE 220 CITY-ST-ZIP CITY-ST-ZIP IRVING TX 75062 TITLE ☐ Delete TITLE ☐ Change Addition NAME KOPTA, JULIA NAME STREET ADDRESS STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 CITY-ST-7IP CITY-ST-ZIE **OXNARD CA 93030** TITI F ۷P ☐ Delete TITLE ☐ Change Addition HAWKINS, JEFF NAME NAME STREET ADDRESS P.O. BOX 2511 STREET ADDRESS CITY-ST-ZIP LINDALE TX 75771 CITY-ST-ZIP **PCED** ☐ Delete Change ☐ Addition D NAME DIMITRIADIS, ANDRE C 300 ESPLANADE DRIVE, SUITE 1860 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OXNARD CA 93030 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all giber like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)