

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90003 037 ***150.00

DOCUMENT # F99000004937

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



Principal Place of Business
**7610 W. STEMMONS FREEWAY
SUITE 500
DALLAS, TX 75247**

Mailing Address
**7610 W. STEMMONS FREEWAY
SUITE 500
DALLAS, TX 75247**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-P

CR2E034 (10/03)

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

**LEXIS DOCUMENT SERVICES
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	PCED	<input checked="" type="checkbox"/> Delete
NAME	ISHIKAWA, CHRISTOPHER T.	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1860	
CITY-ST-ZIP	OXNARD, CA 93030	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KERR, ANDREW	
STREET ADDRESS	2621 WEST AIRPORT FREEWAY., STE 220	
CITY-ST-ZIP	IRVING, TX 75062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOPTA, JULIA	
STREET ADDRESS	300 ESPLANADE DRIVE, SUITE 1860	
CITY-ST-ZIP	OXNARD, CA 93030	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, JEFF	
STREET ADDRESS	P.O. BOX 2511	
CITY-ST-ZIP	LINDALE, TX 75771	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary R. Trebert	
STREET ADDRESS	7610 N Stemmons Frwy Ste 300	
CITY-ST-ZIP	Dallas TX 75247	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josh Trebert	
STREET ADDRESS	7610 N Stemmons Frwy Ste 300	
CITY-ST-ZIP	Dallas TX 75247	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Head	
STREET ADDRESS	7610 N Stemmons Frwy Ste 300	
CITY-ST-ZIP	Dallas TX 75247	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Head - Treasurer 7/15/04 214-905-9033