

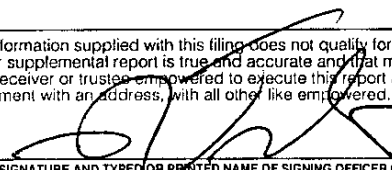


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90200 010 ***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 15100 Trinity Blvd. <small>Suite, Apt. #, etc.</small> Suite 400 <small>City & State</small> Fort Worth, Texas		3. Mailing Address 15100 Trinity Blvd. <small>Suite, Apt. #, etc.</small> Suite 400 <small>City & State</small> Fort Worth, Texas			
<small>Zip</small> 76155		<small>Country</small> Tarrant		<small>07052005 Chg-P CR2E034 (10/03)</small>	
<small>City & State</small> Fort Worth, Texas		<small>City & State</small> Fort Worth, Texas		4. FEI Number 77-0522935	
<small>Zip</small> 76155		<small>Country</small> Tarrant		5. Certificate of Status Desired <input type="checkbox"/> \$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 <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P TREBERT, GARY R 7610 N STEMMONS FREEWAY STE 300 DALLAS, TX 75247	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	Trebert, Gary R 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	S TREBERT, JOSH 7610 N STEMMONS FREEWAY STE 300 DALLAS, TX 75247	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	Trebert, Josh 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	T HEAD, JEFF 7610 N STEMMONS FREEWAY STE 300 DALLAS, TX 75247	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	Head, Jeff 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 81359 2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					