

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90129 048 \*\*\*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  
**7610 N. Stemmons Freeway**

Suite, Apt. #, etc.  
**Suite 500**

City & State  
**Dallas, Texas**

Zip  
**75247**

Country  
**USA**

3. Mailing Address  
**7610 N. Stemmons Freeway**

Suite, Apt. #, etc.  
**Suite 500**

City & State  
**Dallas, Texas**

Zip  
**75247**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

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 DOCUMENTS SERVICES  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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
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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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Deborah...**

**April 14, 2003 (214) 905-9033**

Date Daytime Phone #

CR2E034 (10/02)

Attachment

80084503

F99000004937

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

**Officers and Directors**

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
Joan Friesen	Sr. Vice President-Operations	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