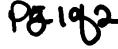
2000 UNIFORM BUSINESS REPORT (UBR)



☐ Change

Addition

0139503

DOCUMENT # : F9900004938 FILED LTC HEALTHCARE OF NEW PORT RICHEY, INC. 00 OCT 30 AH II: 54 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 300 ESPLANADE DRIVE, SUITE 1860 300 ESPLANADE DRIVE. SUITE 1860 OXNARD CA 93030 OXNARD CA 93030 3. Mailing Address 2. Principal Place of Business REINS PATEMENTO Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State <u> 77-0</u>522933 \$8.75 Additiona Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEXIS DOCUMENTS SERVICES Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (2/00)☐ Addition PTD ☐ Change TITLE TITLE Delete DIMITRIADIS, ANDRE C NAME NAME CR2E034 STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OXNARD CA 93030 Change ☐ Addition TITLE ☐ Delete TITLE PIECZYNSKI, JAMES J NAME NAME 300 ESPLANADE DRIVE, SUITE 1860 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OXNARD CA 93030 ☐ Change ☐ Addition TITLE Delete ISHIKAWA, CHRISTOPHER T NAME GEET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OXNARD CA 93030 ☐ Addition ☐ Change TITLE TITLE NAME SHAWAF, RAAD NAME STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OXNARD CA 93030 ☐ Chance ☐ Addition TITLE Delete TITLE KORBIN, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 300 ESPLANADE DRIVE, SUITE 1860 CITY-ST-ZIP CITY-ST-ZIP **OXNARD CA 93030**

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 supplied entails 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 further 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 a page ess, with all other like empowered.

STREET ADDRESS CITY-ST-7IP

TITLE

☐ Delete

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

WINDLINE ICHAS+BORD T. ISALKAWA 9/27/00 (805) 981-865