

2000 UNIFORM BUSINESS REPORT (UBR)

PG 192

0139503

DOCUMENT # F99000004938

1. Entity Name

LTC HEALTHCARE OF NEW PORT RICHEY, INC.

FILED

00 OCT 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. FEI Number

77-0522933

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

SP

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.

SIGNATURE

Rebecca Newlin, Asst Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DIMITRIADIS, ANDRE C
300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIECZYNSKI, JAMES J
300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ISHIKAWA, CHRISTOPHER T
300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHAWAF, RAAD
300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KORBIN, STEVE
300 ESPLANADE DRIVE, SUITE 1860
OXNARD CA 93030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003457652-8
-11/08/00--01079--004
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher T. Ishikawa

9/27/00

(805) 981-8655

Date

Daytime Phone #

CR2E034 (5/00)