


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2005 90200 008 ***150.00

DOCUMENT # F99000004940					
1. Entity Name CENTERS FOR LONG TERM CARE OF CRAWFORDVILLE, INC.					
Principal Place of Business 7610 N STEMMONS FREEWAY STE 500 DALLAS, TX 75247			Mailing Address 7610 N STEMMONS FREEWAY STE 500 DALLAS, TX 75247		
2. Principal Place of Business 15100 Trinity Blvd		3. Mailing Address 15100 Trinity Blvd			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State Fort Worth, Texas		City & State Fort Worth, Texas			
Zip 76155	Country Tarrant	Zip 76155	Country Tarrant	07052005 Chg-P CR2E034 (10/03)	
4. FEI Number 77-0522932				Applied For <input type="checkbox"/> Not Applicable	
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 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TREBERT, GARY R 7610 N STEMMONS FREEWAY STE 300 DALLAS, TX 75247		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Trebert, Gary R 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TREBERT, JOSH 7610 N STEMMONS FREEWAY DALLAS, TX 75247		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Trebert, Josh 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEAD, JEFF 7610 N STEMMONS FREEWAY STE 300 DALLAS, TX 75247		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Head, Jeff 15100 Trinity Blvd, Ste 400 Fort Worth, TX 76155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: _____			GARY R TREBERT 7/15/05 8173592000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			(Date) (Daytime Phone #)		