

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # K73360 (5)

1. Corporation Name

LTC SERVICES, INC.



Principal Place of Business

Mailing Address

2151 NE COACHMAN RD

2151 NE COACHMAN RD

~~301 E. ROBINSON ST. SUITE 500~~

~~301 E. ROBINSON ST. SUITE 500~~

CLEARWATER FL 34625

CLEARWATER FL 34625

2. Principal Place of Business

2a. Mailing Address

21 2151 NE Coachman Road

26 2151 NE Coachman Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

Clearwater, FL

Clearwater, FL

24 Zip

25 Country

29 Zip

30 Country

34625

U.S.A.

34625

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALDWIN, BRUCE C.
2151 NE COACHMAN ROAD
CLEARWATER FL 34625

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D BALDWIN, BRUCE C. 2151 N.E. COACHMAN RD CLEARWATER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D THOMAS, DAVID B. 2151 N.E. COACHMAN RD CLEARWATER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P BALDWIN, SCOTT A. 2151 N.E. COACHMAN ROAD CLEARWATER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S THOMAS, CHRISTINE 2151 N.E. COACHMAN ROAD CLEARWATER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP

3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP

4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP

5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP

6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

7 1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY- ST- ZIP

8 1 TITLE 82 NAME 83 STREET ADDRESS 84 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (813) 443-0443

CR2E034 (12/95)