# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 16, 2012**
**Secretary of State**

DOCUMENT# L04000026299

**Entity Name:** LTCSP-PLANT CITY, LLC

**Current Principal Place of Business:**

2202 W. OAK AVE.
PLANT CITY, FL 22563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1675 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number: 20-1434703** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: JAFFE, HOWARD
Address: TWO BALA PLAZA, SUITE 300
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: MGR
Name: ADMINISTRATOR
Address: 9701 W. OAKLAND BLVD.
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR
Name: DIRECTOR OF NURSING
Address: 9701 W. OAKLAND BLVD.
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: HOWARD JAFFE MGR 04/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date