


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001310 1. Entity Name BAYCARE LONG TERM ACUTE CARE, INC.	
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Principal Place of Business 625 COURT STREET SUITE 200 CLEARWATER, FL 33756	Mailing Address 625 COURT STREET SUITE 200 CLEARWATER, FL 33756
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0615150	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR 625 COURT STREET SUITE 200 CLEARWATER, FL 33756

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MASON, STEVE 16331 BAY VISTA DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS INZINIA, TOMMY 16331 BAY VISTA DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYES, FORD 1200 7TH AVE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/06-80027-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: Tommy Inzini **2/6/06 727-820 8005**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #