


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 039 ****61.25

DOCUMENT # N04000001310	
1. Entity Name BAYCARE LONG TERM ACUTE CARE, INC.	

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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2. Principal Place of Business - No P.O. Box # 16255 BAY VISTA DR	3. Mailing Address 16255 BAY VISTA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater	City & State Clearwater, FL
Zip FL	Country 33760

Zip FL	Country 33760	Pinellas
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6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR 625 COURT STREET SUITE 200 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name: INZINA, THOMAS Street Address (P.O. Box Number is Not Acceptable): 16255 BAY VISTA DRIVE City: Clearwater FL Zip Code: 33760
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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: Thomas Inzina (NOTE: Registered Agent signature required when reinstating)
DATE: 4/2/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MASON, STEVE 16331 BAY VISTA DR CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOKOR, BRUCE 911 CHESTNUT STREET CLEARWATER, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS INZINA, TOMMY 16331 BAY VISTA DR CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, KEN 10 BAY ESPLANDE CLEARWATER, FL 34630 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYES, FORD 1200 7TH AVE SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, STEVE 3007 OAK CREEK DRIVE N CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ROBERT 1410 4TH STREET NORTH SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDERITH, ALAN 620 DREW STREET CLEARWATER, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAREAU, BRUCE 16255 BAY VISTA DRIVE CLEARWATER, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Thomas Inzina DATE: 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #: 727-820-8005