

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001083

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA LONG-TERM HEALTHCARE ASSOCIATION INC.

Current Principal Place of Business:

215 S MONROE ST - STE 320
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 S MONROE ST - STE 320
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2769007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, LINDA C
% PANZA, MAURER & MAYNARD, P.A.
3600 N FEDERAL HWY - 3RD FLOOR
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

LOGAN, MARK K
% PANZA, MAURER & MAYNARD, P.A.
215 SOUTH MONROE STREET - STE 320
TALLAHASSEE, FL 32301 US

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: MARK K LOGAN

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: ESTES, NORMAN J
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

Title: VP () Change (X) Addition
Name: WEIKEL, KEITH
Address: 333NORTH SUMMIT STREET
City-St-Zip: TOLEDO, OH 43699

Title: S () Change (X) Addition
Name: LEE, CLAUDE
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J NORMAN ESTES

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date