2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N05000001083

Entity Name: FLORIDA LONG-TERM HEALTHCARE ASSOCIATION INC.

Current Principal Place of Business:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Principal Place of Business:

Current Mailing Address:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Mailing Address:

FEI Number: 20-2769007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARISEO, MARY KAY
403 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: GUILLARD, STEPHEN
Address: 333 NORTH SUMMIT STREET
City-St-Zip: TOLEDO, OH 43699

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PRES 05/05/2008

Electronic Signature of Signing Officer or Director — Date