


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

05-09-2007 90108 024 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000007952			
1. Entity Name PASCO-PINELLAS LONG TERM CARE PARTNERSHIP, INC.			
Principal Place of Business 14041 ICOT BLVD CLEARWATER, FL 33760		Mailing Address 14041 ICOT BLVD CLEARWATER, FL 33760	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5320507		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, MICHAEL 14041 ICOT BLVD CLEARWATER, FL 33760		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MICHAEL A	NAME	
STREET ADDRESS	14041 ICOT BLVD	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, DIANA	NAME	
STREET ADDRESS	14041 ICOT BLVD	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIRE, BARBARA	NAME	
STREET ADDRESS	4024 CENTRAL AVE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SANT, PAM	NAME	
STREET ADDRESS	4024 CENTRAL AVE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33733	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYCRIGG, BILL	NAME	
STREET ADDRESS	7505 ROTTINGHAM RD	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBEL, CHARLES	NAME	
STREET ADDRESS	7505 ROTTINGHAM RD	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
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 another like empowered.			
SIGNATURE: _____		Date: 6/26/07 (727) 479-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

MICHAEL BERNSTEIN