

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007952

FILED
Apr 23, 2008
Secretary of State

Entity Name: PASCO-PINELLAS LONG TERM CARE PARTNERSHIP, INC.

Current Principal Place of Business:

14041 ICOT BLVD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14041 ICOT BLVD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-5320507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL
14041 ICOT BLVD
CLEARWATER, FL 33760 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: D () Delete
Name: BERSTEIN, MICHAEL A
Address: 14041 ICOT BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: ROBERTSON, DIANA
Address: 14041 ICOT BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: DAIRE, BARBARA
Address: 4024 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33733

Title: D () Delete
Name: VAN SANT, PAM
Address: 4024 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33733

Title: D () Delete
Name: AYCRIGG, BILL
Address: 7505 ROTTINGHAM RD
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: SOBEL, CHARLES
Address: 7505 ROTTINGHAM RD
City-St-Zip: PORT RICHEY, FL 34668

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:

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: DIANA ROBERTSON

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date