2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2004 08:00 AM Secretary of State

ALTICONE ILEI OILI						Secretary of State				
DOCUMENT # P00000107254 1. Entity Name SANDY SILVERMAN LONGTERM CARE INSURANCINC.							Secre	tary (n Sta	ite
Principal Place of Business			Mailing Address		•	7				•
6407 SAUNTON PLACE			3407 SAUNTON PLACE			1				
SARASOTA, FL 34201			SARASOTA, FL 34201			ł				
	- 0.20.	•						.	 	1881 II 1881
2. Principal Place of Business		3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07062004	Chg-P	CR2E03	4 (10/03)	
City & State		_	City & State			4. FEI Numbe 65-1056				plied For t Applicable
Zip	Country Zip		Zip	Coun	try	5. Certificate	of Status Desired	□ \$	8.75 Add ee Required	itional i
	6. Name and Address of C	urrent Regis	stered Agent			7. Name and	Address of New R	egistered Ag	gent	
PREWETT, DANIEL L					Name					
5777 BENEVA ROAD SOUTH SARASOTA, FL 34233					Street Address (P.O. Box Number is Not Acceptable)					
					City			=	Zip Code	•
				FL "						
	named entity submits this stater lons of registered agent.	nent for the p	purpose of changing its	register	ed office or regist	tered agent, or bot	n, in the State of Fig	orida. I am fa	miliar with,	and accept
SIGNATURE										
			T			· ·		· <u> </u>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Efection Campaign Financing \$5 Trust Fund Contribution. Add		i.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND D			CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	\$16/11
HILL	PVST		☐ Delete	TITLE	:	7.5011701107			Change	Addition
NAME	SILVERMAN, SANDY		∑ Delete	NAM	· 1					
STREET ADDRESS	6407 SAUNTON PLACE			1	ET ADDRESS		HOOOO	0164639	}	
CITY-ST-ZIP	SARASOTA, FL 34201				-ST-ZIP		UQOQO U7708704	-80016-	1124 15	70.0G
	07100017,1E 37201	· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————							
TITLE			☐ Delete	TITLE	ſ				Change	Addition
NAME OTREET AGROUPS				NAM	- I					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				ÇILY	-ST-ZIP					
TITLE			☐ Delete	TITL	1				Change	Addition
NAME				NAM	l l					ļ
STREET ADDRESS	1				ET ADDRESS					
CITY - ST - ZIP	ľ									
				CULY	-St-ZiP				Change	☐ Addition
IIILE			☐ Delete	CUY			-			
TITLE NAME		·	☐ Delete		£			=		
		·	☐ Delete	TITLE NAM	£			- 1017-18-1		, ;
NAME			☐ Delete	TITU NAM STRE	E E					
name Street address			☐ Dolete	TITU NAM STRE	E LE LET ADDRESS - SY-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP			<u> </u>	TITU NAM SIRE CITY	E E EFT ADDRESS • ST • ZIP					☐ Addilion
NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	TITLE NAM STRE CITY THE	E E EFT ADDRESS • ST • ZIP					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			<u> </u>	TITLE NAM STRE CITY THU NAM STRE	E LE SET ADDRESS ST-ZIP					☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete	THU NAM SIRE CITY THU NAM SIRE CITY	E E E E E E E E E E E E E E E E E E E				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u> </u>	TITLE NAM STRE CATY THELE NAM STRE CITY THELE TH	E E E E E E E E E E E E E E E E E E E					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Oelete	TITLL NAM STRE CATY THELE NAM STRE CITY THELE NAM	E E E E E E E E E E E E E E E E E E E				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Oelete	TITLL NAM SIRE CATY HILL NAM SIRE CITY HILL NAM SIRE	E E E E E E E E E E E E E E E E E E E				☐ Change	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENT ADDRESS CITY-ST-ZIP	Optify that the information and	and rule to:	☐ Oelete ☐ Delete	TITLL NAM STRE CATY THELE NAM STRE CITY HITLL NAM STRE CITY CITY	E E E E E E E E E E E E E E E E E E E				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENT ADDRESS CITY-ST-ZIP	certify that the information suppli on this report or supplemental r poration or the receiver or truste or on an attachment with an ad	ied with this eport is true	☐ Oelete ☐ Delete	TITLL NAM STRE CATY THELE NAM STRE CITY HITLL NAM STRE CITY CITY	E E E E E E E E E E E E E E E E E E E	Section 119.07(3)(le same legal effec 007, Florida Statute), Florida Statutes. t as if made under s; and that my nam		☐ Change	☐ Addition