2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P02000038254

Entity Name: LONG TERM CARE SOLUTIONS, INC.

Current Principal Place of Business:

30 SAILFISH DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

30 SAILFISH DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 04-3642565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, NANCY
30 SAILFISH DRIVE
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ALLEN, NANCY E
Address: 30 SAILFISH DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: VOCKELL, SONIA VP
Address: 495 ROBERTS ROAD
City-St-Zip: JACKSONVILLE, FL 32259

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY ALLEN PSTD 03/02/2007

Electronic Signature of Signing Officer or Director Date