2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2011
Secretary of State

DOCUMENT# P02000102938

Entity Name: PONCE DE LEON LTC RISK RETENTION GROUP, INC.

Current Principal Place of Business:

475 WEST TOWN PLACE
ATTN: RAY JOHNSON
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

C/O CURTIS SITTERSON
150 W FLAGLER ST, MUSEUM TOWER, STE 2200
MIAMI, FL 33130

New Mailing Address:

FEI Number: 02-0650614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SITTERSON, CURTIS
150 WEST FLAGLER STREET
MUSEUM TOWER, SUITE 2200
MIAMI, FL 33130 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: PD
Name: NORTON, JACK
Address: 700 MEASE PLAZA
City-St-Zip: DUNEDIN, FL 34798

Title: DST
Name: GLAVICH, JAMIE L
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: TAYLOR, ED
Address: 1601 PINE LAKE DR
City-St-Zip: VENICE, FL 34292

Title: D
Name: JOHNSON, RAYMOND
Address: 1000 VICAR'S LANDING WAY
City-St-Zip: PONE VEDRA BEACH, FL 32082

Title: DVP
Name: ROBARE, BRIAN
Address: 1001 CARPENTER'S WAY
City-St-Zip: LAKELAND, FL 33809

I hereby 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 all other like empowered.

SIGNATURE: JACK NORTON PD 05/12/2011

Electronic Signature of Signing Officer or Director — Date