

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049183 (3)

1. Corporation Name

LTC PHYSICIANS OF FLORIDA, INC.



Principal Place of Business

3030 GILLHAM ROAD  
KANSAS CITY MS 64108

Mailing Address

3030 GILLHAM ROAD  
KANSAS CITY MS 64108

2. Principal Place of Business

2a. Mailing Address

21 3502 MARINER BLVD

26 3030 GILLHAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SPRING HILL, FL

27 City & State

28 KANSAS CITY, MO

24 Zip

34609

25 Country

USA

29 Zip

64108

30 Country

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3325378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SO. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR + SECRETARY ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME LES MATTHEWS

1.2 NAME

STREET ADDRESS 6000 HIGH DRIVE

1.3 STREET ADDRESS

CITY-ST-ZIP MISSION, KS

1.4 CITY-ST-ZIP

TITLE DIRECTOR + PRESIDENT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME THOMAS ECKARD

2.2 NAME

STREET ADDRESS 9235 MOODY PARK DR

2.3 STREET ADDRESS

CITY-ST-ZIP OVERLAND PARK, KS 66212

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

000001838040

-05/24/96--01025--025

\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)