## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000049183

LTC PHYSICIANS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3030 Gillham RD. Kansas City, MO 64108 3030 Gillham RD. Kansas City, MO 64108 APPROVED AND FILED

1997 JUN 1 1 AM 11: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ι,							3. Date Incorporated or Qualified 06/23/95	3a. Date of Last Report 05/01/96		
2. Principal Place of Business 21 5650 Breckendridge Park Dr 26 3030 Gillham Rd							4. FEI Number 59-3325373	Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	<u>-</u>	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be	-	
	pa, FL 33610	28				08	Trust Fund Contribution	Added to Fees		
Zip 24	Country	y 29	Zip	30 Cour	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes : No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81 Name				
	O So. Pine Is		82 Street A			Address (P.O. Box Number is Not Acceptable)				
Plantation, FL 33324										
•						/UUUU22U661(6 				
•						84 City ****\$58.7 <b>FL</b> ****\$58.75				
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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and Me if applicable (NOTL: Registered Agent signature required when reinstalling) [DATE]										
12.		FFICERS AND DIRE		13.	Agent s	signature requir	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	┥	
TITLE	_ <del></del>	IT IOCITO AIRD DITE	X DELETE	11100	ı F	T 0	Chairman/CEO	Change Addition	<u>~</u> {	
NAME Director & President			1.2				Robert C Crosby	X - Marian		
STREET ADDRESS Thomas Eckhard			•		REET AD	1	135 4th Avenue S		1	
CITY-ST-ZIP	9235 Moody P	ark,Ks 662	6212		y - ST - 7		Franklin, TN 37064-26	01	ı	
TITLE	Overland Par	k, KS 6621	2 DELFTE	2 1 TITI	LE	I .	Executive Vice Preside	Chapper   Addition	ᆌ.	
NAME				2 2 NA)	ML		eslie A. Matthews	:II C		
STREET ADDRESS			2 3 STR		REET AD	nncee 1				
CITY-ST-ZIP					Y-51-	aur.	Venega City MO 6/108			
TITLE	-		☐ DELETE 3.1 TI		l <b>f</b>		Vice President - Operations Florida			
NAME "			3 2 N		MF	Š	5650 Breckenridge Park Drive Suite 101			
STREET ADDRESS			33 S		icet adi	DRESS   W	Williams Cosner			
CITY-ST-ZIP			OFFERE	3.4 CIT			Campa, FL 33610		4	
TITLE			☐ DELETE	4.1 1/11		E	xecutive VP/Chief Fir	Change	' (	
NAME				4 2 NA	,ML IEET ADI	K	. Duke Slaughter			
STREET ADDRESS						1 1	35 4th Avenue s		Į	
				5 1 Till	Y-S1-Z	F	ranklin, TN 37064-262	Change X Addition	: }	
NAME			عاددات سے	5.2 NAN		ען	rector	Ell onorgo Ell radius	Ì	
STREET ADDRESS				5.3 STR		DRESS   D	ohn Aplin ne American Square,Su	1to 2850		
CITY-ST-ZIP					5.4 CINY-ST-ZIP		ndianopolis, IN 46282		1	
TITLE			DELETE	6 1 1 ITL			irector	Change Addition	ī	
NAME				6.2 NAM	ME	l D	enise O'Leary	Λ	-	
STREET ADDRESS				6.3 STR	EET ADI	DRESS   1	850 Gateway Drive, Su	ite 500		
CITY-ST-ZIP		, 6 4 CIT				an Mateo, CA 94404				
14. I do hereb	by certify that the informa	ation supplied with the	nis filing does not qual	ly for the e	exemp	nton stated	f in Section 119.07(3)(i). Horida Statutes	I further certify that Yol X .	7	

r-St-2P

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida Statutes: I further certify that provide information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under this tam 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 number appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dufe Thurter

CR2E034 (9/96