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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049183 (3)

LTC PHYSICIANS OF FLORIDA, INC.

FILED

98 APR 29 PH 2: 18

SECTION OF STATE
TALLAR AGE OF GRIDA



| Principal Place of | f Dunings | Mailing Address | | | | | | | | |
|--|--|-------------------------------|-------------------|--------|----------------------|---|------------|-----------------------------------|---------------------------------------|--|
| | | | | | | | | | | |
| AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | | | GILLHAM RD. | | | | | | | |
| SUITE 101 TAMPA FL 33610 | | KANSAS CITY I | AO 64108 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | , | , | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | 06/23/1995 | | | | |
| 2. Principal Plac | e of Business | 2a. Mailing Add | ress | | | 4. FEI Number | | | Applied For | |
| 1 | | 26 112 Se | cond Aven | ue | North | 5 9-332 5378 | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. # | , etc. | | | 5. Certificate of Status Desired | Ø | \$8.75 Additional Fee Required | | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing | | | \$5.00 May Be | |
| 3 | | 28 Frankl | in, TN | | | Trust Fund Contribution | | | ded to Fees | |
| Zip | Country | Zip | | untry | , | 8. This corporation owes or has pa | aid the cu | rrent vea | ır İntangible | |
| <u>. </u> | 25 | 29 37064 | 30 | 115 | SA | Personal Property Tax due June 30. Yes No | | | | |
| | Name and Address of Curr | | 1001 | T | | 10. Name and Address of New Re | | Agent | | |
| CT CORPORATION SYSTEM | | | | 81 | Name | | | | | |
| | \$0. Pine Island Road Tation Fl. 33324 | | | | | dress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 | Zip Code | |
| office or real | the provisions of Sections 607.0 istered agent, or both, in the Sta familiar with, and accept the ob | ale of Florida. Such cha | nge was authorizi | ed by | y the corporati | oration submits this statement for the join's board of directors. I hereby acce | pt the app | of changing pointmen | ng its registered it as registered | |
| SIGNATURE | nature, typed or printed name of registered | agent and title if applicable | (NOTE Register | ed Age | ant signature requin | ed when reinstating) | DATE | | | |
| | | LE ENDEOTODO | | | | ADDITIONS/CHANGES TO OFFI | CEDE AN | DIDEC | TODE IN 12 | |

| SIGNATURE | Signature, typed or printed name of registered agent and title if applic | able (NOTE | Registered Agent signature | e required when rainstating | a) DATE | | |
|----------------|--|------------|----------------------------|-----------------------------|-------------------|----------|------------|
| 12. | OFFICERS AND DIRECTORS | 13. | | ONS/CHANGES TO OFFICERS AN | | | |
| TITLE | CCEO | DELETE | 1 1 TITLE | President | and Chairman | Change | ☐ Addition |
| NAME | CROSBY, ROBERT C | | 1.2 NAME | Robert C. | Crosby | | |
| STREET ADDRESS | 135 4TH AVENUE S. | | 1.3 STREET ADDRESS | 112 Second | d Avenue North | | |
| CITY-ST-ZIP | FRANKLIN TN 37064-2621 | | 1.4 CITY-ST-ZIP | Franklin, | TN 37064 | | |
| TITLE | EVP | DELETE | 2.1 TITLE | Vice Pres: | ident/Secretary/& | Change | Addition |
| NAME | MATTHEWS, LESLIE A | | 2.2 NAME | Leslie A. | Matthews Di | rector | |
| STREET ADDRESS | \$030 GILLHAM RD | | 2.3 STREET ADDRESS | same | | | |
| CITY-ST-ZIP | KANSAS CITY MO 64108 | | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | VP | X DELETE | 3.1 TITLE | | 100002513 | Change - | Adelition |
| NAME | COSNER, WILLIAM | | 3.2 NAME | | -05/06/98 | 01036 | 020 |
| STREET ADDRESS | 5650 BRECKENRIDGE PARK DRIVE., STE | 101 | 3.3 STREET ADDRESS | | ****158.75 | ****15 | 8.75 |
| CITY-ST-ZIP | TAMPA FL 33610 | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | EVCF | DELETE | 4.1 TITLE | | Secretary/VP | Change | Addition |
| NAME | SLAUGHTER, DUKE R | | 4. 2 NAME | R. Duke S. | _ | | |
| STREET ADDRESS | 135 4TH AVENUE S. | | | 1 | d Avenue North | | |
| CITY-ST-ZIP | FRANKLIN TN 37064-2621 | | | Franklin, | TN 37064 | П. | |
| TITLE | 9 | DELETE | 5.1 TITLE | | 10 | Change | Addition |
| NAME | APLIN, JOHN | | 5.2 NAME | | J 0 | | |
| STREET ADDRESS | ONE AMERICAN SQUARE., STE 2850 | | 5.3 STREET ADDRESS | | Mil | | |
| CITY-ST-ZIP | INDIANOPOLIS IN 46282 | - December | 5.4 CHY - ST - ZIP | <u> </u> | h1/ 14 | Change | Astalica - |
| TITLE | U DUELDY DENIGE | ☐ DELETE | 6.1 TITLE | | 111 111 | Change | Addition |
| NAME | O'LEARY, DENISE | | 6.2 NAME | | ¹ V | | |
| STREET ADDRESS | 1850 GATEWAY DRIVE.,STE 500 | | 6.3 STREET ADDRESS | | • (| | |
| DUTY OF THE | SAN MATEO CA 94404 | | EARITY_CT_7ID | 1 | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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.