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FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000090247 (4)

1. Corporation Name

LONG TERM CARE CONSULTANTS, INC.

Principal Place of Business

990 16TH STREET  
PALM HARBOR FL 34683

Mailing Address

990 16TH STREET  
PALM HARBOR FL 34683-4515

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 328 Overbrook Dr E.

2a. Mailing Address

26 328 Overbrook Dr E.

4. FEI Number

59-3350440

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

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip

24 33770

Country

25 USA

Zip

29 33770

Country

30 USA

9. Name and Address of Current Registered Agent

SCHMITZ, GARY M  
990 16TH STREET  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

Schmitz, Gary M.

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

328 Overbrook Dr E.

83

84 City

Largo.

FL

85 Zip Code

33770

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]*

GARY M. Schmitz

(NOTE: Registered Agent signature required when reinstating)

1/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS SCHMITZ, GARY M  
CITY-ST-ZIP 990 16TH STREET  
PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS UPSON-SCHMITZ, MARY E  
CITY-ST-ZIP 990 16TH STREET  
PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 328 Overbrook Dr E  
1.4 CITY-ST-ZIP Largo, FL 33770

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 328 Overbrook Dr E  
2.4 CITY-ST-ZIP Largo, FL 33770

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 unchanged, or on an amendment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. Schmitz

1/31/97

Date

813-584-1682

Daytime Phone #

CR2E034 (9/96)