

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90201 009 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000054552**

1. Corporation Name

**LTC PROFESSIONALS OF FLORIDA, INC.**

Principal Place of Business

**5650 BRECKENRIDGE PARK DRIVE**  
**SUITE 101**  
**TAMPA FL 33610**

Mailing Address

**5650 BRECKENRIDGE PARK DRIVE**  
**SUITE 101**  
**TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1998**

4. FEI Number

**59-3518246**

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 2909 BATTEN RD.**

Suite, Apt. #, etc.

**22**

City &amp; State

**23 BROOKSVILLE FL**

Zip

**24 34602**

Country

2a. Mailing Address

**26 112 2ND AVE NO.**

Suite, Apt. #, etc.

**27**

City &amp; State

**28 FRANKLIN, TN**

Zip

**29 37064**

Country

**30**

9. Name and Address of Current Registered Agent

**COSNER, WILLIAM**  
**5650 BRECKENRIDGE PARK**  
**SUITE 101**  
**TAMPA FL 33610**

10. Name and Address of New Registered Agent

**81 Name COSNER, WILLIAM**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2909 BATTEN RD**  
**83**  
**84 City BROOKSVILLE FL** **85 Zip Code 34602**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PRESIDENT, DIRECTOR** ☐ DELETE  
**NAME MARK S. ISANBERG**  
**STREET ADDRESS 450 HICKORY AVE**  
**CITY-STATE-ZIP OLDSMAR, FL 34677**
**TITLE VICE PRESIDENT** ☐ DELETE  
**NAME WILLIAM COSNER**  
**STREET ADDRESS 2909 BATTEN RD.**  
**CITY-STATE-ZIP BROOKSVILLE, FL 34602**
**TITLE SEC/TREAS., DIRECTOR** ☐ DELETE  
**NAME MALCOLM FRASER MO**  
**STREET ADDRESS 500 BRIGHTWATERS BLVD.**  
**CITY-STATE-ZIP ST. PETERSBURG, FL 33704**
**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**
**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**
**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-STATE-ZIP**
**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-STATE-ZIP**
**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-STATE-ZIP**
**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-STATE-ZIP**
**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-STATE-ZIP**
**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-STATE-ZIP**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

352-789-7473

Daytime Phone #

CR2E034 (11/98)