

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90144 050 \*\*\*150.00

**DOCUMENT # S54050**

1. Entity Name

**LONG TERM CARE SENIOR HEALTH DIVISION INC.**

Principal Place of Business

**2536 COUNTRYSIDE BLVD.  
 SIXTH FLOOR  
 CLEARWATER FL 33763  
 US**

Mailing Address

**2536 COUNTRYSIDE BLVD.  
 SIXTH FLOOR  
 CLEARWATER FL 34623  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3084561**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHATANOFF, ROBERT HARRY  
 2536 COUNTRYSIDE BLVD  
 SIXTH FLOOR  
 CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

**North, Heather L**

**2536 Countryside Blvd** (is Not Acceptable)

**Sixth Floor  
 Clearwater**

City

**FL**

**33763**  
 Zip Code

8. The above named agent

managing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature

Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE<br>NAME  | <b>PSTD</b>                                     | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>BOESCH, GARY R.</b>                          |                                 |
| CITY-ST-ZIP    | <b>2536 COUNTRYSIDE BLVD.<br/>CLEARWATER FL</b> |                                 |
| TITLE<br>NAME  |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE<br>NAME  |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE<br>NAME  |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE<br>NAME  |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE<br>NAME  |   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

|                |  |   |
|----------------|--|---|
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE<br>NAME  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**GARY R. BOESCH**

**4-17-02**

**(727)726-0726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)