

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V60354 (0)

1. Corporation Name

L.T.C. CARE CENTER OF PASCO COUNTY, FLORIDA, INC



Principal Place of Business

100 2ND AVE. SOUTH
4TH FLOOR NORTH TOWER
ST. PETERSBURG FL 33701
US

Mailing Address

100 2ND AVE. SOUTH
4TH FLOOR NORTH TOWER
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

21 6701 DAIRY RD

Suite, Apt. #, etc.

22 City & State
23 ZEPHYRHILLS

24 Zip 33540

2a. Mailing Address

26 25 2ND ST. N

Suite, Apt. #, etc.

27 340
28 ST. PETERSBURG, FL

29 Zip 33701

30 Country

3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

08/22/1995

4. FEI Number

59-3139319

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FELDER, BENJAMIN
100 2ND AVE. SOUTH
4TH FLOOR NORTH TOWER
ST. PETERSBURG FL 33701

81 Name

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

83

84 City

FL

85 Zip Code

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 date of filing

(NOTE: Registered Agent signature required when re-electing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HUTTON, ELIZABETH
25 2ND ST N STE 440 340
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
HUTTON, ELIZABETH
100 2ND AVE. S., 4TH FL N. TOWER
ST. PETERSBURG FL 33701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
FELDER, BENJAMIN
100 2ND AVE. S. 4TH FL B. TOWER
ST. PETERSBURG FL 33701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/26/96

(813) 894-5733

Daytime Phone #

CR2E034 (12/95)