

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001915

Entity Name: MHA LONG TERM CARE NETWORK, INC.

Current Principal Place of Business:

25-A VREELAND ROAD, SUITE 200
FLORHAM PARK, NJ 07932

Current Mailing Address:

25-A VREELAND ROAD, SUITE 200
FLORHAM PARK, NJ 07932

FEI Number: 20-3764090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SICILIAN, MICHAEL
Address 25-A VREELAND ROAD, SUITE 200
City-State-Zip: FLORHAM PARK NJ 07932

Title TREASURER
Name CONLEY, JASON
Address 25-A VREELAND ROAD, SUITE 200
City-State-Zip: FLORHAM PARK NJ 07932

Title DIRECTOR
Name HUMPHREY, JOHN R
Address ROPER INDUSTRIES, INC.
6901 PROFESSIONAL PARKWAY
EAST SUITE 200
City-State-Zip: SARASOTA FL 34240

Title SECRETARY, DIRECTOR
Name LINER, DAVID B
Address 6901 PROFESSIONAL PARKWAY
EAST SUITE 200
City-State-Zip: SARASOTA FL 34240

Title DIRCETOR
Name SONI, PAUL J
Address ROPER INDUSTRIES, INC.
6901 PROFESSIONAL PARKWAY
EAST SUITE 200
City-State-Zip: SARASOTA FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID B. LINER

SECRETARY

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date