

1.) CORPORATION NAME:

**ACSI Long Term Care, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1576943**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6201 PRESIDENTIAL COURT

CITY/ST/ZIP: FORT MYERS, FL 33919

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RICHARD B PITBLADDO TITLE: PRESIDENT ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK S DINSMORE TITLE: VICE PRESIDENT ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN A. HENSLEY TITLE: VICE PRESIDENT ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID A YOST TITLE: TREASURER ADDRESS: 843 ALDER CREEK DRIVE SUITE A CITY/ST/ZIP/CO: MEDFORD, OR 97504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL BROYLES TITLE: ASST SECRETARY ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANIEL G SCHMEDLEN JR. TITLE: SECRETARY ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAVID A YOST	DAVID A YOST, TREASURER	3/3/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		