

Edgar Filing: LEXINGTON HEALTHCARE GROUP INC - Form NT 10-K

LEXINGTON HEALTHCARE GROUP INC
Form NT 10-K
September 26, 2001

SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 12b-25

Commission File Number 0-22261

NOTIFICATION OF LATE FILING

(Check One):

Form 10-K Form 11-K Form 20-F Form 10-Q Form N-SAR
 Form 10KSB

For Period Ended: June 30, 2001

- Transition Report on Form 10-K
- Transition Report on Form 20-F
- Transition Report on Form 11-K
- Transition Report on Form 10-Q
- Transition Report on Form N-SAR

For the Transition Period Ended:

If the notification relates to a portion of the filing checked above,
identify the Item(s) to which the notification relates:

PART I

REGISTRANT INFORMATION

LEXINGTON HEALTHCARE GROUP, INC.

Full Name of Registrant

Former Name if Applicable

1577 New Britain Avenue

Address of Principal Executive Office (Street and Number)

Farmington, Connecticut 06032

City, State and Zip Code

PART II

RULES 12b-25(b) AND (c)

If the subject report could not be filed without unreasonable effort or
expense and the registrant seeks relief pursuant to Rule 12b-25(b), the
following should be completed. (Check appropriate box.) Yes No

(a) The reasons described in reasonable detail in Part III of this form

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- | could not be eliminated without unreasonable effort or expense;
- |
- |X| (b) The subject annual report, semi-annual report, transition report on Form 10-K, 20-F, 11-K or N-SAR, or portion thereof, will be filed on or before the 15th calendar day following the prescribed due date; or the subject quarterly report or transition report on Form 10-Q, or portion thereof will be filed on or before the fifth calendar day following the prescribed due date; and
- |
- |_| (c) The accountant's statement or other exhibit required by Rule 12b-25(c) has been attached if applicable.

PART III
NARRATIVE

State below in reasonable detail the reasons why Form 10-K, 11-K, 20-F, 10-Q, N-SAR, or the transition report or portion thereof, could not be filed within the prescribed time period.

Lexington Healthcare requests a 5 day extension. With the combination of new staffing and systems, the year end closing process has been prolonged. As a result, the 10K could not be completed in the prescribed time period.

PART IV
OTHER INFORMATION

- (1) Name and telephone number of person to contact in regard to this notification

| | | |
|------------------|-------------|--------------------|
| Michael D. Logan | 860 | 674-2700 |
| ----- | | |
| (Name) | (Area Code) | (Telephone Number) |

- (2) Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s). |X| Yes |_| No

- (3) Is it anticipated that any significant change in results of operation for the corresponding period for the last fiscal year will be reflected by the earnings statements to be included in the subject report or portion thereof? |_| Yes |X| No

If so: attach an explanation of the anticipated change, both narratively and quantitatively, and, if appropriate, state the reasons why a reasonable estimate of the results cannot be made.

Revenues for the quarter are estimated to be approximately \$525,000 versus \$900,000 for the corresponding period in 1999. Losses are anticipated to be approximately \$2,000,000 versus \$600,000 for the corresponding period in 1999. Contributing factors include substantial non-cash right offs for goodwill and implied interest on warrants issued as well as higher operating losses for certain business segments.

LEXINGTON HEALTHCARE GROUP, INC.

(Name of Registrant as Specified in Charter)

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Has caused this notification to be signed on its behalf
by the undersigned hereunto duly authorized.

Date September 26, 2001

By /s/ Michael D. Logan

Michael D. Logan, CFO

Instruction: The form may be signed by an executive officer of the registrant or by any other duly authorized representative. The name and title of the person signing the form shall be typed or printed beneath the signature. If the statement is signed on behalf of the registrant by an authorized representative (other than an executive officer), evidence of the representative's authority to sign on behalf of the registrant shall be filed with the form.

ATTENTION

Intentional misstatements or omissions of fact constitute Federal criminal violations. (See 18 U.S.C. 1001)