

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90063 001 *6,300.00

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01202004 Chg-P CR2E034 (10/03)

DOCUMENT # 672389 1. Entity Name F.L.C. BENEVA NURSING PAVILION, INC.					
Principal Place of Business 910 RIDGEBROOK ROAD SPARKS, MD 21152 US			Mailing Address 910 RIDGEBROOK ROAD SPARKS, MD 21152 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2124057	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLER, JOHN 910 RIDGEBROOK ROAD SPARKS, MD 21152	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOX, MATTHEW 910 RIDGEBROOK ROAD SPARKS, MD 21152	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORD, RONALD 910 RIDGEBROOK ROAD SPARKS, MD 21152	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, BRADLEY 910 RIDGEBROOK ROAD SPARKS, MD 21152	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARLOW, MELISSA 910 RIDGEBROOK ROAD SPARKS, MD 21152	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Harry Grunstein 920 Ridgebrook Road Sparks, MD 21152	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Harry M. Grunstein, Pres.</i>		Date: 2-23-04		Daytime Phone #: (410) 773-2114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Harry M. Grunstein					