

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52664

FILED  
May 03, 2007  
Secretary of State

Entity Name: FLORIDA HEALTH FACILITIES, INC.

**Current Principal Place of Business:**

6950 COLUMBIA GATEWAY DR., #400  
COLUMBIA, MD 21046 US

**New Principal Place of Business:**

**Current Mailing Address:**

6950 COLUMBIA GATEWAY DR., #400  
COLUMBIA, MD 21046 US

**New Mailing Address:**

FEI Number: 58-1860493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001 US

Title: VP/S ( ) Delete  
Name: MCQUILLEN, MICHAEL P  
Address: 6950 COLUMBIA GATEWAY DR.  
City-St-Zip: COLUMBIA, MD 21046 US

Title: VPAS ( ) Delete  
Name: SMITH, MARGIE M  
Address: 125 PLANTATION CENTER DR  
City-St-Zip: MACON, GA 31221

Title: VP ( ) Delete  
Name: NEWLIN, LINTON C  
Address: 125 PLANTATION CENTER DR  
City-St-Zip: MACON, GA 31221

Title: T ( ) Delete  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D ( ) Delete  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO

T

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date