

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 030 \*\*\*158.75

**DOCUMENT # 856917**

1. Corporation Name

**SAGA HEALTH CARE DIETARY MANAGEMENT SERVICES, IN  
C.**

Principal Place of Business

10400 FERNWOOD RD  
DEPT 924.13  
BETHESDA MD 20817  
US

Mailing Address

10400 FERNWOOD RD  
DEPT 924.13  
BETHESDA MD 20058  
US

2. Principal Place of Business

21 **9801 Washingtonian Blvd**

2a. Mailing Address

26 **P.O. Box 352**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Gaithersburg, MD**

Country

24 **20878** 25 **US**

27 City & State

28 **Buffalo, NY**

Country

29 **14240** 30 **US**

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1983**

4. FEI Number

**94-2218686**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **O'DELL, CHARLES D**  
STREET ADDRESS **10400 FERNWOOD RD.**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **T** ☒ DELETE  
NAME **MURPHY, RAYMOND G**  
STREET ADDRESS **10400 FERNWOOD RD**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **VD** ☒ DELETE  
NAME **RYAN, JOSEPH**  
STREET ADDRESS **10400 FERNWOOD RD**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **S** ☐ DELETE  
NAME **MCGLOCKTON, JOAN RECTOR**  
STREET ADDRESS **10400 FERNWOOD RD.**  
CITY-ST-ZIP **BETHESDA MD**

TITLE **VD** ☒ DELETE  
NAME **SHAW, WILLIAM J**  
STREET ADDRESS **10400 FERNWOOD ROAD**  
CITY-ST-ZIP **BETHESDA FL**

TITLE **AS** ☒ DELETE  
NAME **BENZ, NANCY L.**  
STREET ADDRESS **10400 FERNWOOD RD.**  
CITY-ST-ZIP **BETHESDA MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **9801 Washingtonian Blvd**  
1.4 CITY-ST-ZIP **Gaithersburg, MD 20878**

2.1 TITLE **T** ☐ Change ☐ Addition  
2.2 NAME **Vacant**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **V/D** ☐ Change ☒ Addition  
3.2 NAME **Hyatt, Lawrence E.**  
3.3 STREET ADDRESS **9801 Washingtonian Blvd**  
3.4 CITY-ST-ZIP **Gaithersburg, MD 20878**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **9801 Washingtonian Blvd**  
4.4 CITY-ST-ZIP **Gaithersburg, MD 20878**

5.1 TITLE **V/D** ☐ Change ☒ Addition  
5.2 NAME **Landel, Michel**  
5.3 STREET ADDRESS **9801 Washingtonian Blvd**  
5.4 CITY-ST-ZIP **Gaithersburg, MD 20878**

6.1 TITLE **AS** ☐ Change ☒ Addition  
6.2 NAME **Allen, Richard H.**  
6.3 STREET ADDRESS **10 Fairport Drive**  
6.4 CITY-ST-ZIP **Williamsville, NY 14221**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard H. Allen** Date **4/12/99** (716) 633-2222 x8376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)