2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# F04000005445

Entity Name: CONCORD HEALTHCARE DEVELOPMENT, INC.

Current Principal Place of Business:

4500 CAMERON VALLEY PARKWAY, SUITE 120
CHARLOTTE, NC 28211

New Principal Place of Business:

Current Mailing Address:

4500 CAMERON VALLEY PARKWAY, SUITE 120
CHARLOTTE, NC 28211

New Mailing Address:

7810 BALLANTYNE COMMONS PARKWAY
SUITE 300
CHARLOTTE, NC 28277

FEI Number: 56-1853644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERS, PAM
2433 S. PALMETTO AVENUE
SOUTH DAYTONA, FL 32119 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:	D	( ) Delete
Name:	BROWN, E. ALLEN JR	
Address:	4500 CAMERON VALLEY PARKWAY, SUITE 120	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	DP	( ) Delete
Name:	MCKINNEY, ALAN W	
Address:	2636 ELM HILL PIKE	
City-St-Zip:	NASHVILLE, TN 37214	
Title:	VP	( ) Delete
Name:	SCHUMACHER, DANIEL	
Address:	4500 CAMERON VALLEY PARKWAY, SUITE 120	
City-St-Zip:	CHARLOTTE, NC 28211	
Title:	T	( ) Delete
Name:	TRIPP, BERNADINE B	
Address:	4500 CAMERON VALLEY PARKWAY, SUITE 120	
City-St-Zip:	CHARLOTTE, NC 28211	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERNADINE B. TRIPP VP 07/01/2005

Electronic Signature of Signing Officer or Director Date