

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005445

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CONCORD HEALTHCARE DEVELOPMENT, INC.

## Current Principal Place of Business:

7810 BALLANTYNE COMMONS PARKWAY  
SUITE 300  
CHARLOTTE, NC 28277

## New Principal Place of Business:

## Current Mailing Address:

7810 BALLANTYNE COMMONS PARKWAY  
SUITE 300  
CHARLOTTE, NC 28277

## New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: TRIPP, BERNADINE B  
Address: 7810 BALLANTYNE COMMONS PKY., SUITE 300  
City-St-Zip: CHARLOTTE, NC 28277

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 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: BERNADINE B TRIPP

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date