

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005445

FILED
May 01, 2008
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

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: 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: VP (X) Change () Addition
Name: KURY, MARK
Address: 7810 BALLANTYNE COMMONS PKY. STE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: T (X) Change () Addition
Name: TRIPP, BERNADINE B
Address: 7810 BALLANTYNE COMMONS PKY. STE 300
City-St-Zip: CHARLOTTE, NC 28277

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

05/01/2008

Electronic Signature of Signing Officer or Director

Date