

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000949

1. Entity Name
EDENCARE MANAGEMENT, INC.



Principal Place of Business
**11 STATE ST
CHARLESTON, SC 29401**

Mailing Address
**11 STATE ST
CHARLESTON, SC 29401**



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2319604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPIEGEL, MARK T
STREET ADDRESS	10 ROSWELL STREET, STE 200
CITY - ST - ZIP	ALPHARETTA, GA 30004
TITLE	CFO
NAME	HETTINGA, CLARK D
STREET ADDRESS	10 ROSWELL STREET, STE 200
CITY - ST - ZIP	ALPHARETTA, GA 30004
TITLE	VS
NAME	SPIEGEL, MARK T
STREET ADDRESS	10 ROSWELL STREET, STE 200
CITY - ST - ZIP	ALPHARETTA, GA 30004
TITLE	D
NAME	GROENTEMAN, SUSAN T
STREET ADDRESS	2001 ROSS AVENUE, STE 3200
CITY - ST - ZIP	DALLAS, TX
TITLE	D
NAME	FAITH, ROBERT A
STREET ADDRESS	11 STATE ST
CITY - ST - ZIP	CHARLESTON, SC 29401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #