


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 A**  
**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
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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.

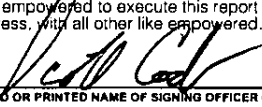
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000563057 05/19/06-80080-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGEL, MARK T 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HETTINGA, CLARK D 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPIEGEL, MARK T 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVENUE, STE 3200 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAITH, ROBERT A 11 STATE ST CHARLESTON, SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  5/1/06 843-579-9400

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #