

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006069**

1. Entity Name  
**EDENCARE MEZZANINE GP, INC.**



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

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

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2460524**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000562622**  
**05/19/06-80062-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GROENTEMAN, SUSAN T
STREET ADDRESS	2001 ROSS AVE., STE. 3200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	D
NAME	FAITH, ROBERT A
STREET ADDRESS	11 STATE ST.
CITY-ST-ZIP	CHARLESTON, SC 29401
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	
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/06**  
Date

**843 579-9400**  
Daytime Phone #