

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90100 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000006991**

1. Corporation Name  
**LYRIC HEALTH CARE HOLDINGS III, INC.**



Principal Place of Business  
**10065 RED RUN BOULEVARD  
 OWINGS MILLS MD 21117**

Mailing Address  
**10065 RED RUN BOULEVARD  
 OWINGS MILLS MD 21117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**12/23/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**52-2103339**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

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

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
 NAME **NICHOLSON, TIMOTHY F**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

1.1 TITLE **S/D**  Change  Addition  
 1.2 NAME **Marc B. Levin**  
 1.3 STREET ADDRESS **10065 Red Run Blvd**  
 1.4 CITY-ST-ZIP **Owings mills MD 21117**

TITLE **VASD**  DELETE  
 NAME **BOOTH, DANIEL J**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

2.1 TITLE **T**  Change  Addition  
 2.2 NAME **Robert Stephenson**  
 2.3 STREET ADDRESS **10065 Red Run Blvd**  
 2.4 CITY-ST-ZIP **Owings mills MD 21117**

TITLE **TASV**  DELETE  
 NAME **PICKETT, TAYLOR**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

3.1 TITLE **P**  Change  Addition  
 3.2 NAME **Taylor Pickett**  
 3.3 STREET ADDRESS **10065 Red Run Blvd**  
 3.4 CITY-ST-ZIP **Owings mills, MD 21117**

TITLE **VS**  DELETE  
 NAME **ELKINS, MARSHALL A**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

4.1 TITLE **D**  Change  Addition  
 4.2 NAME **Marshall A. Elkins**  
 4.3 STREET ADDRESS **10065 Red Run Blvd**  
 4.4 CITY-ST-ZIP **Owings mills MD 21117**

TITLE **V**  DELETE  
 NAME **FULCHINO, MARK**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **AS**  DELETE  
 NAME **GALLAGHER, J. D**  
 STREET ADDRESS **10065 RED RUN BOULEVARD**  
 CITY-ST-ZIP **OWINGS MILLS MD 21117**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Fulchino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

410.998.8578

Date

Daytime Phone #

CR2E034 (1/198)