

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006991

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: LYRIC HEALTH CARE HOLDINGS III, INC.

**Current Principal Place of Business:**

11350 MCCORMICK ROAD, SUITE LL-4  
HUNT VALLEY, MD 21030 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 RIDGEBROOK ROAD  
SPARKS, MD 21152 US

**New Mailing Address:**

FEI Number: 52-2103339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N MERIDIAN STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NICHOLSON, TIMOTHY F  
Address: 11350 MCCORMICK ROAD, SUITE LL-4  
City-St-Zip: HUNT VALLEY, MD 21030 US

Title: VP ( ) Delete  
Name: WARLOW, MELISSA  
Address: 910 RIDGEBROOK ROAD  
City-St-Zip: SPARKS, MD 21152

Title: S ( ) Delete  
Name: FALLON, JOHN R JR  
Address: 125 W 55TH STREET  
City-St-Zip: NEW YORK, NY 10019

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: TRYBUS, TIMOTHY  
Address: 11350 MCCORMICK RD STE LL-4  
City-St-Zip: HUNT VALLEY, MD 21031

Title: VP ( ) Change (X) Addition  
Name: AUMAN, MATTHEW  
Address: 11350 MCCORMICK RD STE LL-4  
City-St-Zip: HUNT VALLEY, MD 21031

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELISSA WARLOW

VP

01/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date