

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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05 FEB 22 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9800006991
1. Entity Name
LYRIC HEALTH CARE HOLDINGS III, INC.



Principal Place of Business: **11350 MCCORMICK ROAD, SUITE LL-4 HUNT VALLEY, MD 21030 US**
Mailing Address: **910 RIDGEBROOK ROAD SPARKS, MD 21152 US**

2. Principal Place of Business: **7125 Thomas Edison Drive**
3. Mailing Address: **7125 Thomas Edison Drive**
Suite, Apt. #, etc.: **Suite 225**

City & State: **Columbia, Maryland**
City & State: **Columbia, Maryland**
Zip: **21046** Country: **US**


01272005 Chg-P CR2E034 (10/03) **MRD**

6. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N MERIDIAN STREET
TALLAHASSEE, FL 32301**

4. FEI Number: **52-2103339**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name: **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
City: **Plantation** Zip Code: **33324**
City: **FL**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Sohan Dindyal
Assistant Secretary
SIGNATURE: *Sohan Dindyal* DATE: **02/10/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: NICHOLSON, TIMOTHY F STREET ADDRESS: 11350 MCCORMICK ROAD, SUITE LL-4 CITY-ST-ZIP: HUNT VALLEY, MD 21030	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED OFFICER LIST
TITLE: VP NAME: WARLOW, MELISSA STREET ADDRESS: 910 RIDGEBROOK ROAD CITY-ST-ZIP: SPARKS, MD 21152	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED OFFICER LIST
TITLE: S NAME: FALLON, JOHN R JR STREET ADDRESS: 125 W 55TH STREET CITY-ST-ZIP: NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED OFFICER LIST
TITLE: VP NAME: TRYBUS, TIMOTHY STREET ADDRESS: 11350 MCCORMICK RD STE LL-4 CITY-ST-ZIP: HUNT VALLEY, MD 21031	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED OFFICER LIST
TITLE: VP NAME: AUMAN, MATTHEW STREET ADDRESS: 11350 MCCORMICK RD STE LL-4 CITY-ST-ZIP: HUNT VALLEY, MD 21031	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED OFFICER LIST
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800047931158 03/08/05--01025--019 **150.00

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 empowerments.

SIGNATURE: *John R. Fallon, Jr.* **John R. Fallon, Jr.** 2-9-05 212-424-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

LYRIC HEALTH CARE HOLDINGS III, INC.
CORPORATE OFFICERS AND DIRECTOR

EIN: 52-2103339

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Timothy F. Nicholson	President, Sole Director	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
John B. Poole	Executive Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
Matthew F. Auman	Senior Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
Timothy J. Trybus	Senior Vice President	7125 Thomas Edison Drive, Suite 225, Columbia, Maryland 21046
John R. Fallon, Jr.	Secretary	125 West 55th Street, New York, New York 10019