

2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

DOCUMENT # F98000006991

1. Entity Name
LYRIC HEALTH CARE HOLDINGS III, INC.



FILED

07 JAN 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046 US	Mailing Address 7125 THOMAS EDISON DRIVE SUITE 225 COLUMBIA, MD 21046 US
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2. Principal Place of Business - No P.O. Box # <i>7150 Columbia Gateway Dr.</i>	3. Mailing Address <i>7150 Columbia Gateway Dr.</i>
Suite, Apt. #, etc. <i>Suite J</i>	Suite, Apt. #, etc. <i>Suite J</i>

01102007 Chg-P CR2E034 (12/06)

City & State <i>Columbia, MD</i>	City & State <i>Columbia, MD</i>
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4. FEI Number 52-2103339	Applied For Not Applicable
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Zip <i>21046</i>	Zip <i>21046</i>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

100086453591

01/29/07--01007--023 ***1400.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP POOLE, JOHN B 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JR, JOHN R 125 W 55TH STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRYBUS, TIMOTHY 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP AUMAN, MATTHEW F 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr., Suite J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr., Suite J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tim Trybus* 1/10/07 443-531-2350

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