

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 034 ***150.00

DOCUMENT # G52664

1. Entity Name

FLORIDA HEALTH FACILITIES, INC.



Principal Place of Business

6950 COLUMBIA GATEWAY DR., #400
COLUMBIA, MD 21046 US

Mailing Address

6950 COLUMBIA GATEWAY DR., #400
COLUMBIA, MD 21046 US

14010307



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number

58-1860493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEMILIO, MARK S
STREET ADDRESS 6950 COLUMBIA GATEWAY DR.
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE VSD ☐ Delete
NAME ARTHUR, MEGAN M
STREET ADDRESS 6950 COLUMBIA GATEWAY DR.
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE VPAS ☐ Delete
NAME SMITH, MARGIE M
STREET ADDRESS 125 PLANTATION CENTER DR
CITY-ST-ZIP MACON, GA 31221

TITLE VP ☐ Delete
NAME NEWLIN, LINTON C
STREET ADDRESS 125 PLANTATION CENTER DR
CITY-ST-ZIP MACON, GA 31221

TITLE TD ☒ Delete
NAME SANFORD, CHARLOTTE A
STREET ADDRESS 6666 POWERS FERRY RD., #100
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Mark S. Demilio
CITY-ST-ZIP 6950 Columbia Gateway Drive
Columbia MD 21046

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

Daytime Phone #